

James L. Comisky,
PRACTICAL EMBALMER and FUNERAL DIRECTOR.

Orders at all hours promptly attended to at Reasonable Terms. Furniture
Upholstered and Repaired in the Best Manner.

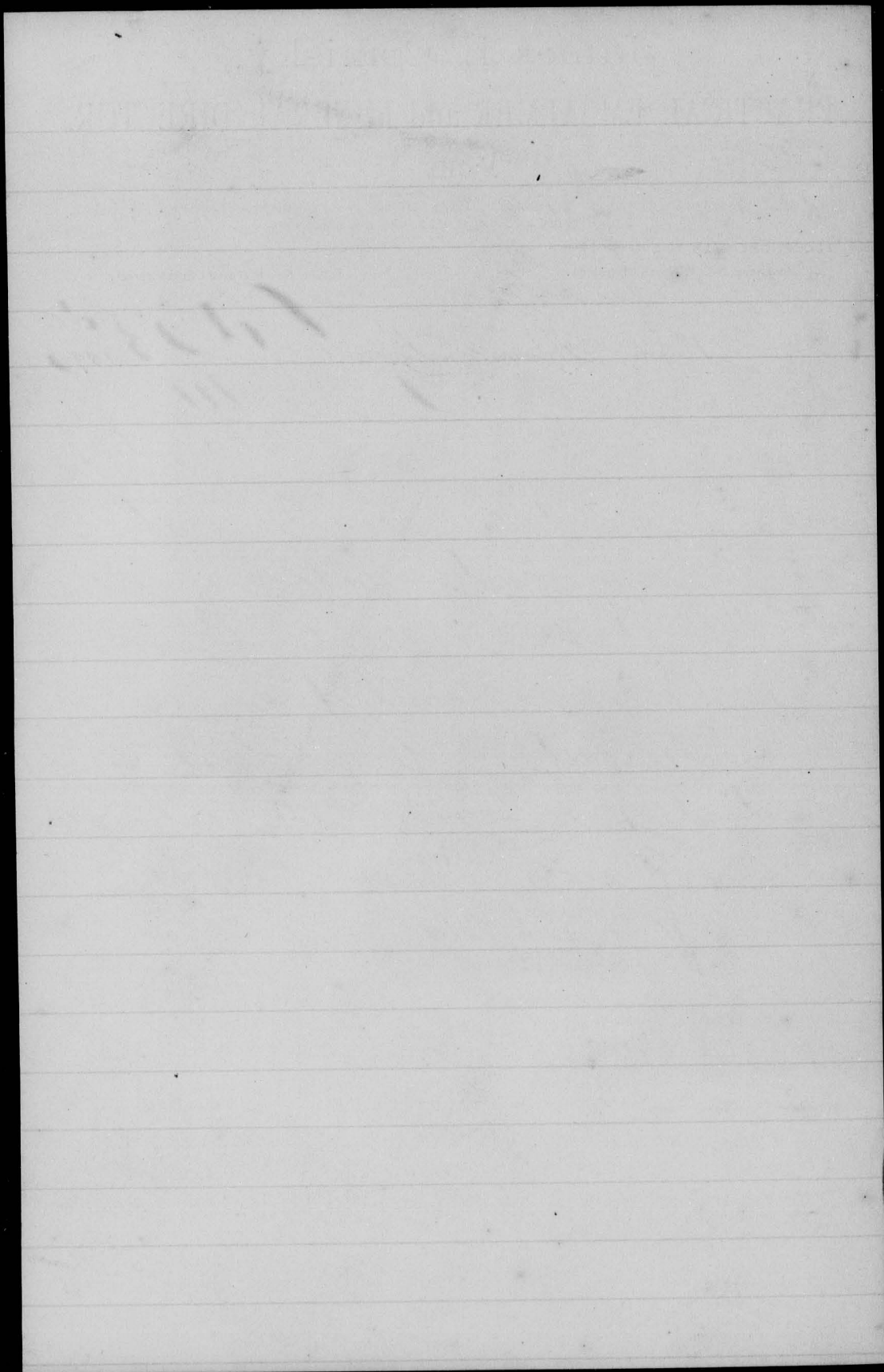
TELEPHONE CALL 73-2

Residence No. 12 North Church St.

Office: No. 13 North Church Street.

North Adams, Mass. *Oct 23^d 1895*
Dear Maggie

now take the pleasure of
answering your welcome letter
I would have wrote before
but we were called a couple
of miles out of town last night
and it was quite late when
we got in Mame will be
up next week and she is
crazy to go



Cash Paid.

1

From St Francis

Court No. 2

M. C. O. F.

August 1884

DATE.	TO WHOM PAID AND FOR WHAT.	DOLLS.	CTS.
Aug 4 th	James J. Leanigan. 2 Books	4.00	
" "	" " High Court Expenses	14.96	
Aug 11 th	James F. Supple Assessment Call No. 1	29.60	
" 3 rd	James Gilrain. Over paid Ins	2.40	
Sept 22 nd	James F. Supple Assessment Call No. 2	43.20	
	Total Expenses	94.16	
Oct 16 th	James F. Supple Assessment Call No. 3.	44.80	L
" 6 th	E. P. Curren Medical Service	23.00	L
" "	James Fitzgerald Hall	56.00	L
" 21 st	James F. Supple Assessment Call 2+3	3.00	L
" 6 th	Michael Patterson For Book	25	L
Dec. 15 th	James F. Supple. Assessment Call. 4.	40.20	L
" 22 nd	James F. Supple Assessment Call. 5.	40.20	
	Total Expenses	207.45	
Jan 23 rd 1885	James F. Supple Assessment Call No. 6	29.50	
Feb 2 nd	Patrick Wall Sick Benefits	10.00	
" "	P. H. Smith Stamps Stationery &c.	2.00	
" 20 th	James F. Supple Assessment Call No 6+7.	29.50	
March 2 nd	James F. Supple Assessment Call No 7	5.20	
" 18 th	James F. Supple Assessment Call No 8	24.30	
April 3 rd	E. P. Curren Court Physician	15.00	
" 16 th	James F. Supple Assessment Call 9	24.30	
		139.60	

Cash Received.

By James FoleyTreasurer of Court ^{Chas}For the Term ending Sept 30

DATE.	FROM FINANCIAL SECRETARY.	DOLLS.	CTS.
Aug 3 rd	" "	30.	30
Sept 14 th	" "	15.	50
" 20 th	C.R.	19.	50
Total Received		65.	30
Oct 5 th	Financial Sec	23.	40
" 21 st	" "	3.	00
Nov 2 nd	" "	12.	90
Dec 3 rd	" "	26.	20
Total Received		66.	50
Jan 4 th 1885	" "	30.	90
" 22 nd	" "	26.	40
Feb 2 nd	" "	25.	50
" 20 th	" "	10.	30
March 1 st	" "	18.	70
" 18 th	" "	10.	80
		122.	00

Cash Paid.

3

Court No.

M. C. O. F.

188

[illegible]

Auger Oliver Joseph 121
Adams Catharine 133
Adams Thomas T. 143
Astwin Freddie 386
Stuwood Edwin. L. 416
Allord. Mary 563

Brew William	129
Bugner John J.	148
Brooks Alice	165
Boulger James Peter	66
Brachman John	177
Bakay Ellen C	185
Bakay Catharine C	186
Bushy Infant	203
Barry Margaret	221
Bissailon Lia	242
Boland Michael	243
Barber Beatrice	248
Bianco Mary Rose	250
Buckley Nellie L	267
Bailey William P.	270
Busciskia Sarafina	271
Bullette Gertrude M.	278
Battis Marion	317
Bowers Catharine	319
Bowers John F.	331
Barry John T.	335
Barabow Frank.	339
Braun Mary R.	371
Bakay Patrick	373
Bachinski Frances	385
Buckley Daniel	388
Brown Mary	408
Bond Infant	419
Barry John R.	425
Bingham Charles Dr.	431
Bullitt Nellie	438
Baroni Anthony	446
Brown Sarah Anna	449
Brals Hazel	453
Belden Solomon	455
Brincasa Infant	463
Barlow Emma	486
Bennett Mary A.	503
Bakay Margaret A.	509
Bailey Male Infant	525
Berg Infant	528
Benton May Bertha	544
Bashkin Edward	555
Bratuch Mary	556
Branger Sarah	562
Barcomb Amy	565
Burns James C.	573

Bailey Lyhrsta	581
Biseillon Infant	586
Bergman Joseph	581
Bouched Infant	594

Margaret Dilworth	142	Cuzzoglia Bresiani	548
Casey Helen	149	Cardinal Rolland.	564
Cardinal Arthur	167	Cardinal George	569
Caparello Joseph.	173	Campbell. Mary A.	597
Collins James	179	Cardinal Male Infant.	598
Carm Infant	182	Conlon William F.	600
Coughlin Thomas	183		
Codan Margaret	202		
Curley Mary	212		
Curly Mrs Mary	217		
Flougo J. Campbell.	218		
Gallagher Catharine	225		
Connors Charles.	251		
Connors Agnes.	256		
Cody Henry	263		
Crickwell Myra.	284		
Connors Annie	276		
Clossy James	287		
Connors Thomas.	288		
Clark Marion B.	291		
Chapman Edward.	301		
Clossy Margaret	304		
Cardinal Charles	305		
Carrie Alfred.	310		
Caporala Carmela.	311		
Caporala Caroline	307		
Chesbrough Elsie	322		
Cassidy Annie	357		
Casey Infant	356		
Cavanagh Alice.	360		
Conlon Robert	374		
Collins Sarah E.	384		
Coons Gerald W.	390		
Chrutts Albina	391		
Curran Kate.	404		
Casey Mary.	424		
Cadman Fred.	428		
Collins Anne	454		
Cunningham Margaret.	467		
Canton Alice	469		
Collins William A.	480		
Cattolotti Rosey	490		
Caplice William	495		
Church Emma.	507		
Chary Thomas	516		
Campion Emile	534		
Cote Catharine Thurell	539		

18
4
9
7
8
0

C

Dallworth Margaret A	122
Levin Johanna	128
Helica James	141
Hailey Mary	161
Danio Rose M	164
Driscoll Jeremiah	196
Hailey Joseph	197
Lumbworth Mary	216
Dempsey Margaret	234
Drury to Anne	235
Horan Hannah	241
Lurso Joseph	244
Desanzo Frank	245
Daniel Frank	260
Loherty James	266
Hanno Hector	292
Dougherty Margaret	302
Hailey Charles B.	328
Duprell Stella	350
Doti Rose	369
Dunton Josephine	375
Demarco Columbia	380
Donnelly John J.	440
Huchard Melvina	450
Davignand Infant	457
Hookey Catharine	461
Walter William J.	473
Doyle Michael	479
Day Emilee Fisher	484
Dayton Lillian May	485
Wais Wais Emily	492
Dawson Mary J.	498
Dawson Infant	499
Dougherty Margaret	510
Halio George	517
Dupuis Pauline	533
Dynes Dennis	551
Donato Andonia	558
Hodd Thomas	576
Durlia Joseph	582
Donnelly Maria	10

D

Eller Alexander	156
Eno. Mary	816
Ellis Alfred	352
Eastman Frank H.	476
Ethier Benjamin	521

E

Fahy Inf of John St.	138
Fournier Inf of Joseph.	228
Francschetti Dominico	230
Faita Santo	233
Fitzgerald Margaret A.	257
Fanning Julia	290
Fero. Cingolo.	323
Fredette Ross.	327
Fitzgerald Mary.	365
Flaherty John.	407
Flaherty John Henry.	409
Ford. J. Male. Infant.	443
Farnsworth Clarence	448
Fitzgerald Annis M.	501
Fitzgerald Timothy	515
Fleming William	527
Finn Budget	577
Haustini Infant.	588
Haustini Antoinette	589

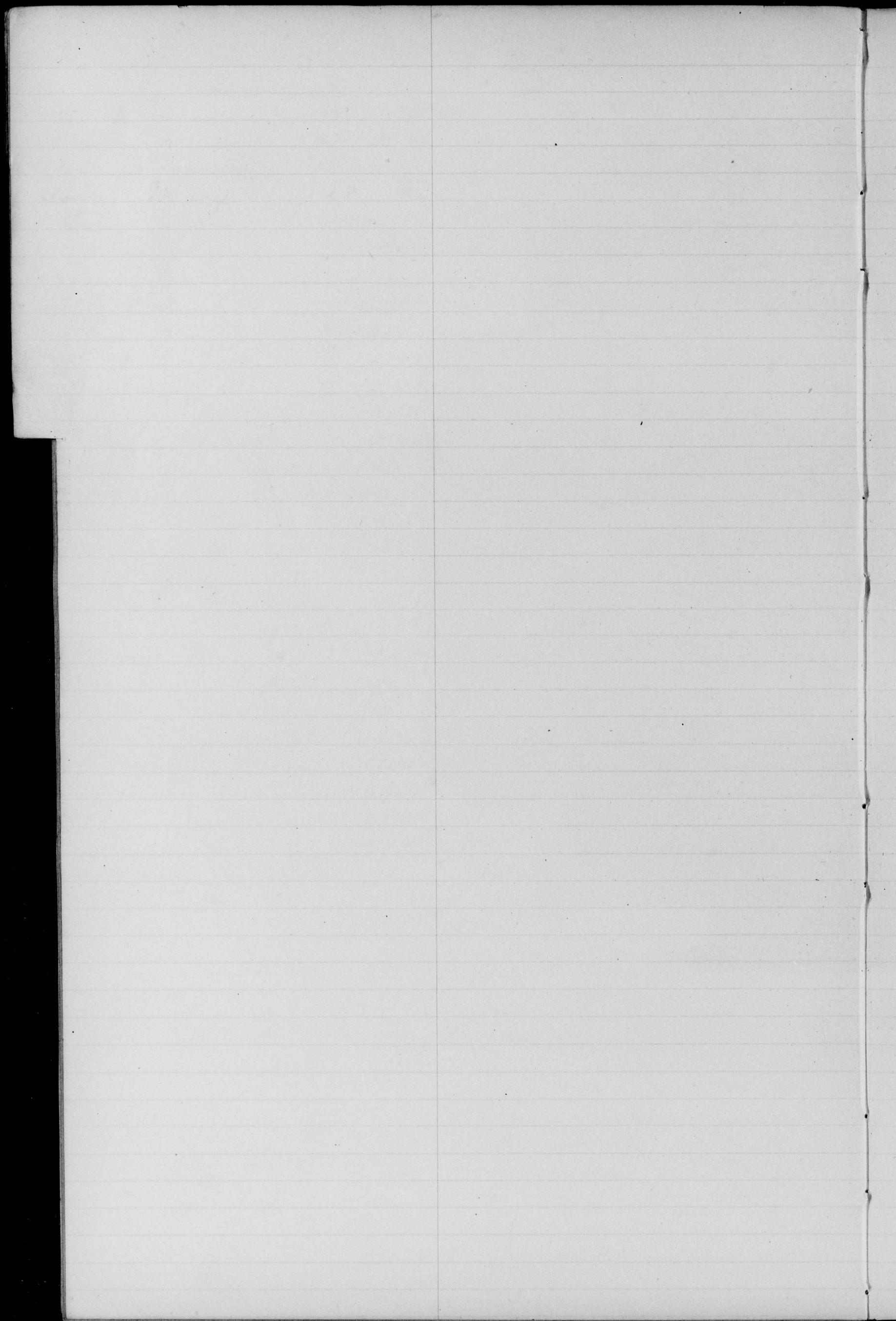
F

Susan Garry	120
Gunther Lonata	127
Goggin William	155
Gallise Infant.	159
Gasnig Joseph	191
Gates Cynthia	195
Gough Mary.	198
Gallagher Margaret.	215
Griffin Catharine E.	277
Godin Henry	286
Gellick Michael	368
Giroux Phoebe.	382
Gibbon Harry	383
Graney Mal. Infant.	394
Gardner Laura.	396
Griffin Elizabeth	445
Gerarga J. Alfred	462
Gage John.	489
Gibbon Theodore A.	493
Graney John.	524
Gawdy Ellen.	526
Grady Charles J.	542
Gorman Catharine	560
Giardi Peter	561
Gallagher Mary	575
Gunning John W.	585
Garnache Nelson	13

G

Nynes Patrick	124
Holbrooks Thomas	131
Hill Florence	139
Hanley Thomas Jr	151
Horden Rosanna	154
Hogan Mary	158
Harley Mary	163
Huffman Infant.	169
Henny Mary	184
Hall Edmund	206
Hurlbut William A.	207
Howley Catharine	219
Hayes Robert	224
Healy Elizabeth	252
Horden Peter A.	268
Huffman Infant.	273
Haffner Infant.	315
Higgins Karl.	318
Hillard James E.	337
Hayes Mary	349
Howley William	362
Horrigan Margaret.	378
Horan Mary A.	393
Hinchy Male Infant.	413
Huttle Mary	428
Houlihan Mary	365
Harrington Dennis	504
Hillard Mildred	549
Holt James.	554
Hayes, Michael	595
Harrington Willie	11

H



Jordon Margaret E	147
Jordan Leonora E	150
John Harini Toni	180
John Badia	264
Jordon Lydia	289
Johns. Hella Alice	329
Jammalo Agostino	512
Johnson Hannah	572

J

Kirby Catharine	134
Kerran Catharine	136
Kehoe John	172
Katalotti Dominica	188
Kelley Edward A.	192
Kelley Anne	201
Kehoe Ellen	247
Korcendorfer Anthony	275
Kassup Lena	280
Kelley James	334
Kelley Hugh	395
Kronick Sofia	400
Kehoe Thomas	410
Kennedy Martin J.	415
Korcendorfer Anthony A.	430
Kerfe Sarah Alice	423
	437
King Mary Gladys	458
Kodrick Gladys Low	477
Kelley Patrick James	482
Kelley Infant	529
King Arthur J.	574

K

Lee George H.	140
Lounney James	145
Lewandowski Stanislaus	175
Lefine Susanna	178
Lyons Rose	240
Loursio Joseph	249
Lynch William	265
Lucia Guiseppe	282
Lemire Mary A.	324
LeGrand Samuel	345
Lynch David	442
Langlois Fred. R.	452
Lynch Mary E.	488
Larkin Peter	491
Lally Mary E.	522
LeGrand Alvin William	541
LeClair Amelia	543
Lafountain Mary E.	547
Lorand Charles N.	571
Lapard Amud	596
LaBlanc Antoinette	8

L

Morand Agnes I	
Mukan Mrs 123	
Martin Irene 135	
Mellis Catharine	153
Moran Mary	157
Mulvaney James	162
Milesi Dominico	168
Mahoney Mary	170
Mullett Mary Ella	193
Murphy John	194
Moser Minnie	199
Morrison Chas. T.	200
Meade Michael	208
Mathew Joseph	213
Murphy Mary E.	223
Murphy Frank	253
Martell Mac Eva.	272
Moriarty Infant	279
Mossolani Angelo	293
Martin Nellie	297
Mano. Pietro	309
Merhan. John	312
Maloney Ellen Salina	330
McGowan James	333
McGuck John	338
Moore Margaret	341
Meany George	342
Kathalin McCauley	357
Martelli Mary	358
Moran Gertrude	387
Martelle Infant	397
Murphy Mary E.	414
Martindale Virginia	417
Moore Mary Ann	418
Murphy John	426
Mezzanotte Joseph	434
Manerino Infant	447
McConnell Nora	459
Meade Bridget	464
Murray Julia	468
Mark Louis	472
Maynard Hubert	478
Marksey Bryan	470
Morgan Harry	506
Murray John	508
McDonkey James	511

McNally James	513
Mack. Hanora	518
Manucco Rosina	520
McKenna Dennis	537
Murphy John B.	553
Musolino Anthony	559
McDougal James E.	568
Meade Elizabeth	570
Mannanin Carmine	580
Manzano Mary	583
Marino James	592
Margado Carmine	593
Murphy Edward	599
McDouley James	12

3
8
0
7
3
2
8
0
10
3
2
3
2

M

Warr Ida.	209
Neary Bridget	232
Simons Margaret	320
August Sarah,	355
Wells Margaret, A.	406
Norcross William	412
Naughton Martin	523
Sage John Joseph.	540

N

Oliver August 121	
O'Hara Sarah 132	
Ostyer Bridget 137	
O'Neil Patrick	189
O'Neard Margaret,	226
O'Neil Margaret,	254
O'Connell Catherine	255
O'Brien Dennis	258
O'Connell Thomas	283
O'Neil Michael	303
O'Connell Daniel	321
O'Connell Michael	326
Anton Nellie	336
O'Brien Catherine	346
O'Connell Anna J.	359
O'Brien Ruth E.	365
O'Dell Grace E.	381
O'Brien Michael	436
O'Brien Johanna,	441
O'Connell Anthony	444

Pughise Louis	142
Pfankew Flora	146
Pedercini Angelo	187
Polumbo Joseph	190
Petrovich Vladislav	229
Plass Thomas	238
Ptrucci Paolo	246
Prefin Katharine	259
Pedercini Angelo	313
Pedercini Angelo	308
Powers Elizabeth	306
Perkins Margaret	348
Petrus Infant	376
Petrus Kittern	377
Petrus Scillie	379
Perkins Michael	403
Puppulo Infant	439
Patnod Grandev	466
Parkhurst Catharine	474
Pero. Edna Mahala	497
Pedercini Mary	530
Perrault Delma	545
Poole Mary Erlinda	579

P

Quintan Willie.

296

Quion Sarah.

456

Q

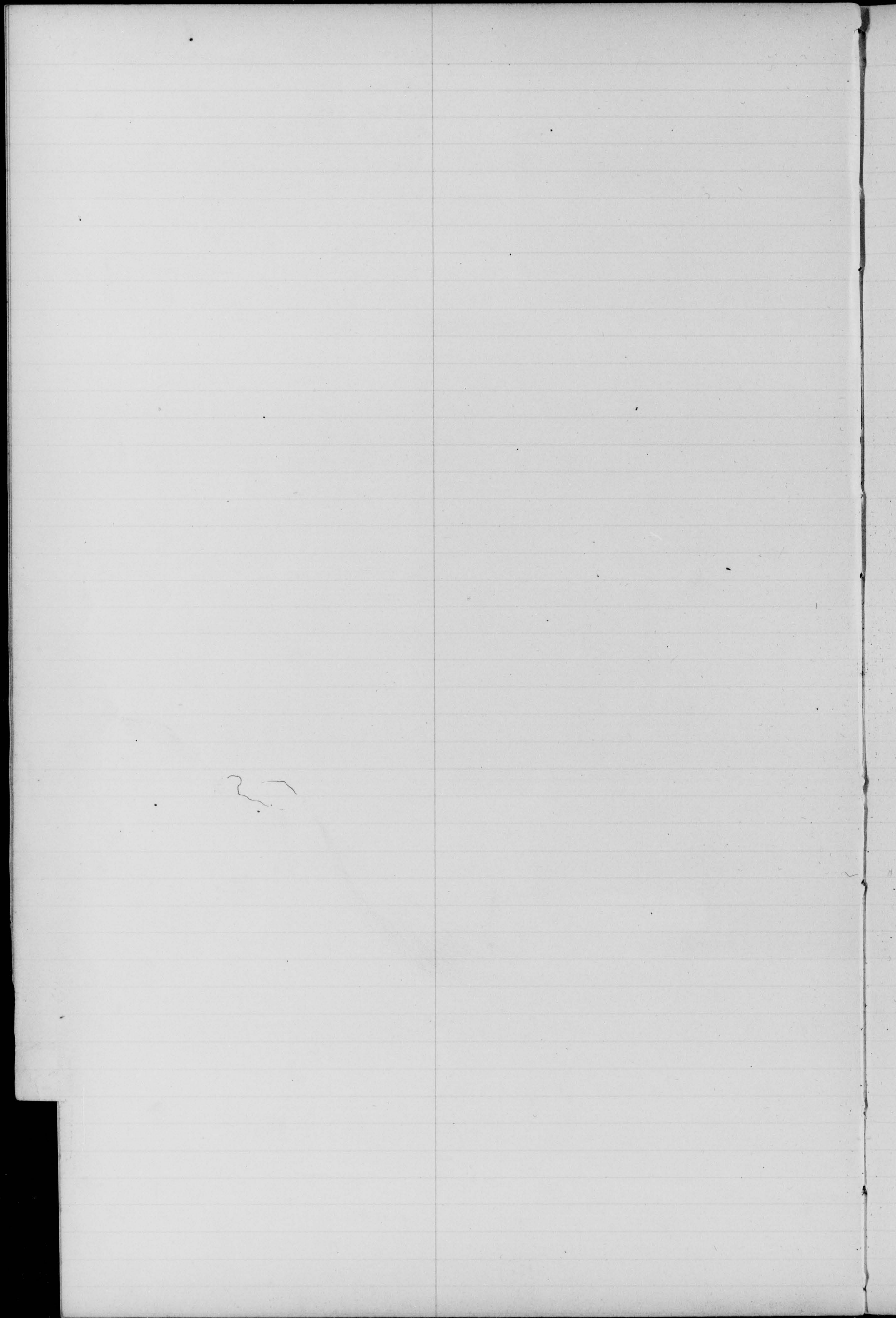
Ryan William G	144
Ryan William	171
Reardon Bridget	174
Roberts Silas	176
Rosch George Francis	215
Rougeau Infant	222
Reagan Margaret E	236
Roberts Ford	295
Ronan Charles M.	299
Rand Sarah	332
Reagan Anna E.	340
Raidy Margaret	341
Roberts Nora L.	343
Ryan Thomas	344
Reagan Anne	367
Rustenholtz Ignace	389
Rowett Infant	405
Rand Frank L.	423
Rumboldt Elsie	429
Russell Esther	460
Ryan Mathew P.	471
Ryan Charles	494
Rosch Infant	505
Reagan Mary	514
Rowett Infant	519
Rufael Kathrin C	567
Ronan Thomas P.	578

R

Daniel Sullivan	125
Surprise Olivia	152
Sullivan Fred	160
Sturm Frederick	181
Simon Male Infant	220
Scafford Ella	227
Sullivan Margaret	231
Sabelica Felix	239
Springburg Jessie	281
Sibly Agnes M.	300
Storke Alice	347
Shea, Nora	354
Sullivan Patrick	361
Samuelson Jennette	370
Shea Infant	398
Shea Margaret	399
Spitzer Emily	402
Scannon Eliza	420
Shanahan Margaret	422
Quarides Annie	432
Shea Maude E.	435
Smith Mrs Kate	451
Smith Mary	481
Shrubby Julia	487
Sabida Maturo	502
Schupmel Louisa	531
Smith Mary	532
Sweatman Stephen	536
Stewart Marion Rose	538
Scarbo. Reillian May	550
Stoj Infant	552
Stamm Barbara	557
Shrubby John Henry	587
Storke Catharine	590
Shanahan Jeremiah	9

Galerico Phelencia	285
Tatro Julia	363
Toarchina Maria	392
	539
Tessier Louis	546
Tondreau Annada	566
Tommy Elizabeth	584

T



Vandette Adel.
Liguers John.
Liguers Mary.

298

421

483

m
 n
 o
 p
 q
 r
 s
 t
 u
 v
 w
 x
 y
 z

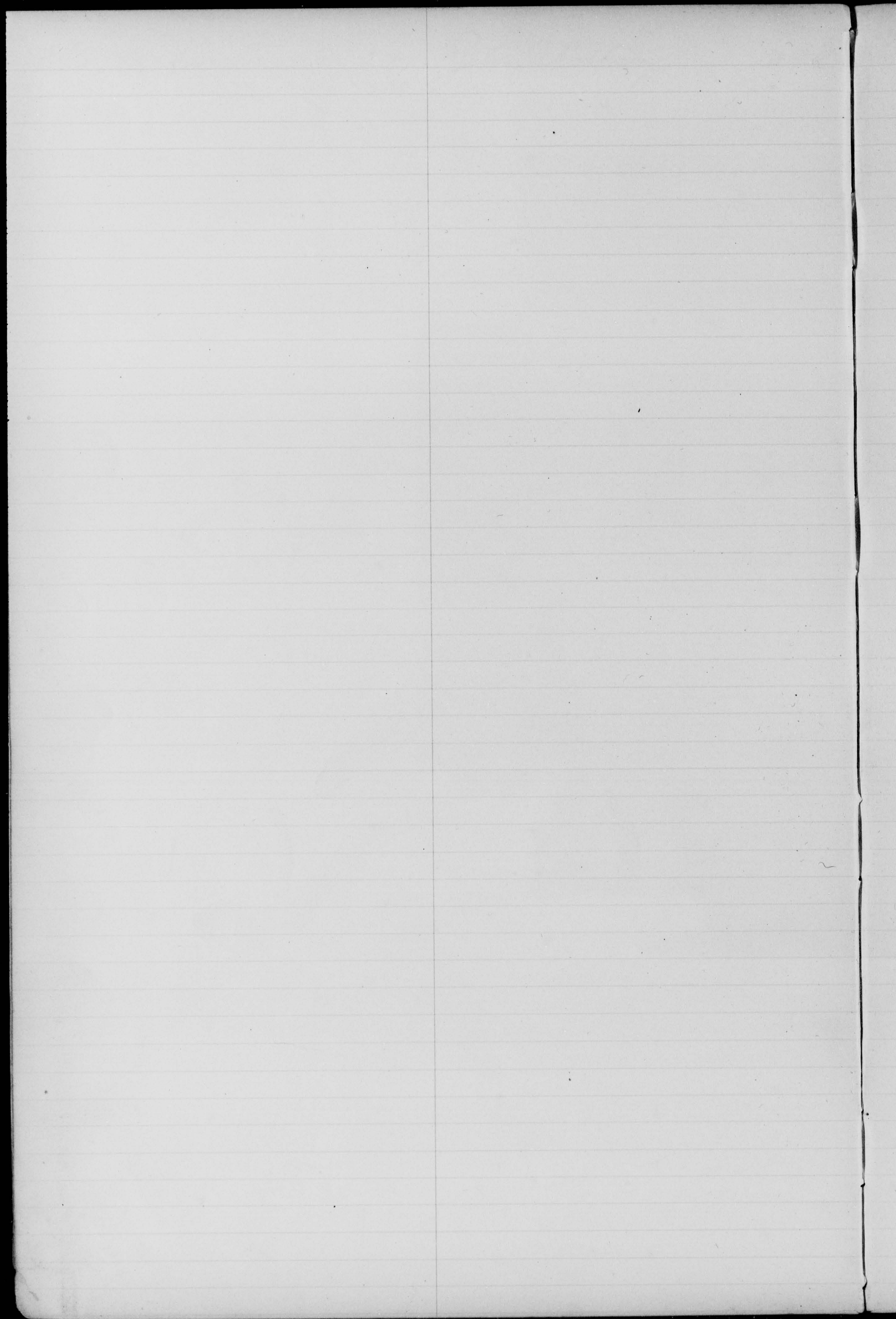
Whalen Thomas	126
Whelan Francis E	130
Whitney Infant.	204
Whalen William	205
Walsh Mary	211
Wade Hattie	261
Warrn Ella	269
Wall Infant	274
Welch, Maria	325
Welch, Bridget	372
Wolfe Charles E.	401
Wall James	473
Walmsky Edward	496
Witto Clinton Irving	500

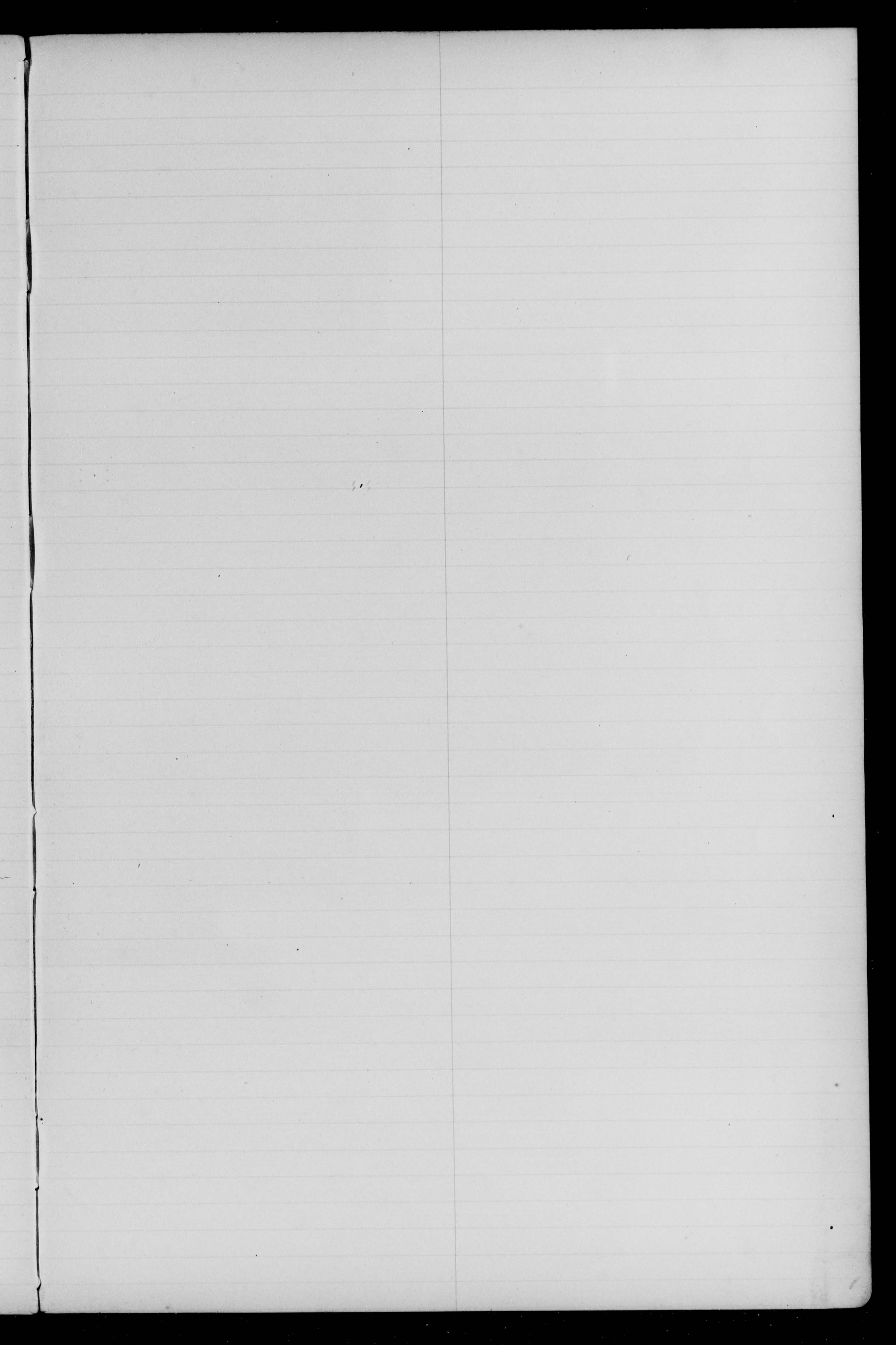
Gaw George F.
Dow. Amelia

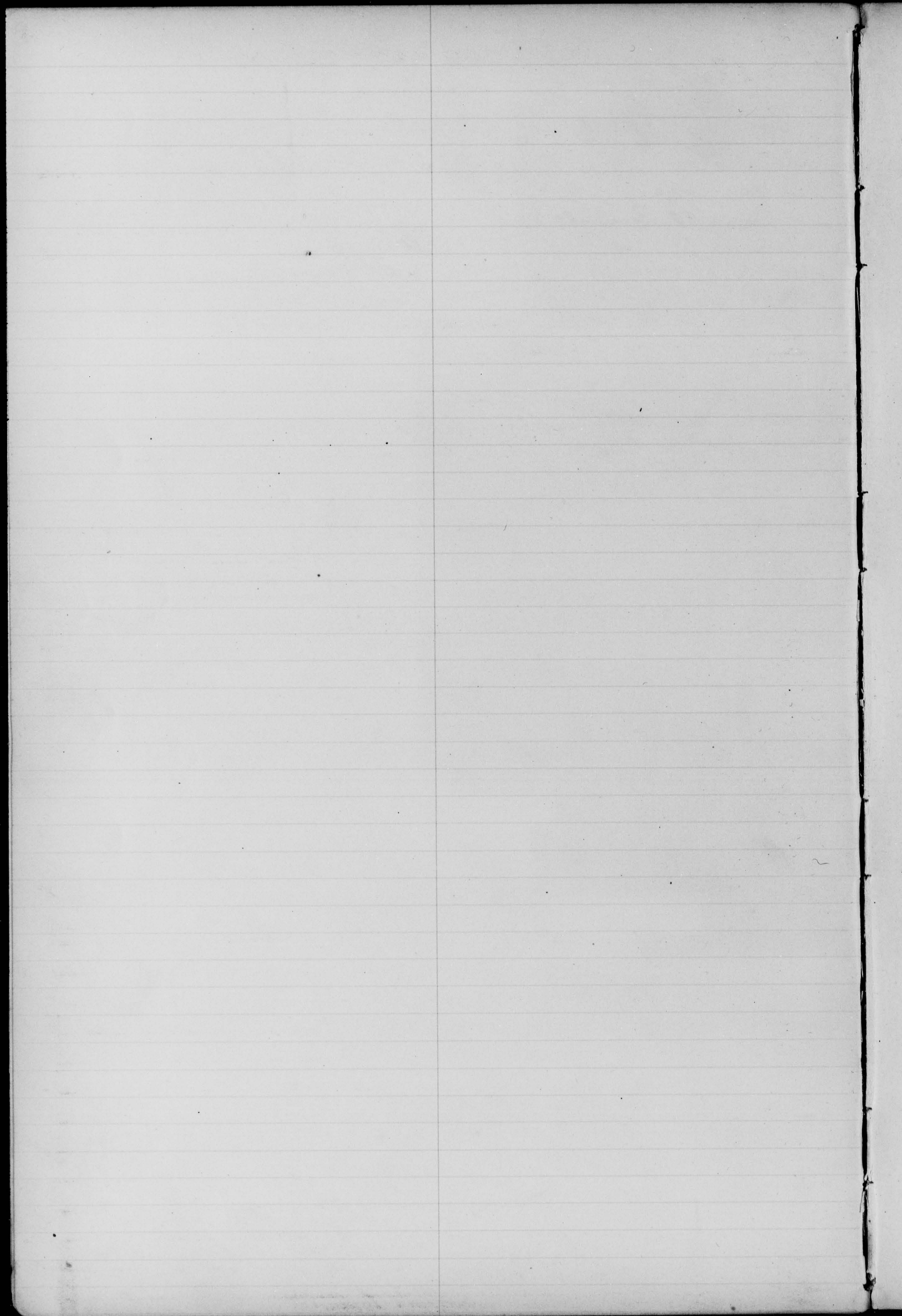
237
437

Gita Anthony

294







RECORD AND BILL OF ITEMS

Yearly No. *1800*

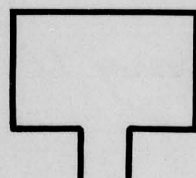
FOR THE FUNERAL OF

Total to Date.....

Agnès Morand

Date of Death *January 3^d* 190*0* Color *White* Age { *85* Years.
 Name of Deceased, *Agnès Morand* Months
 Days.
 Place of death, *100 Brunswick Ave* Street, *Ward No.*
 Residence, *100* Sex, *female* Single, Married, *married*
 Occupation, *Housewife* Wife of *Alphonse Morand*
 Birth-place, *Canada* Widow of
 Name of Father, *Charles Roy* His Birth-place, * *Canada*
 Maiden Name of Mother, { *Phanie Bissailon* Her Birth-place, * *Canada*
 Cause of death, { Primary, Duration,
 Cause of death, { Secondary, *Consumption* Duration,
 Certifying Physician, *Adolph Mignault* His Residence, *Summer St*
 Place of burial, *North Adam St* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *State Home*
 Time of Services, *Nine Am*
 Date of Interment, *Jan 5th* 190*0*

Diagram of
Burial Lot. }



Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>625004</i>		Candles,	
Size, <i>3/6</i> Made by		Gloves,	
Lining,		Hearse to Cemetery	
Handles,		Carriage for	
Plate,		" "	
Outside Box, <i>Pine</i>		" "	
Burial robe,		Carriages at Funeral,	
Preserving Body with		Death Notices in	
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs,		Goods ordered by	
Cemetery Fee,		Bill charged to	

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date

FOR THE FUNERAL OF

Name of Deceased, William Davis
 Date of Death, January 8th 1900 Color white Age 72 Years.
 Name of Deceased, William Davis Months.
 Place of death, East Union Street, Ward No.
 Residence, Sex, Male Single, Married, Married
 Occupation, Farmer Wife of
 Birth-place, Ireland Widow of
 Name of Father, unknown His Birth-place, * unknown
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Apoplexy Duration,
 Certifying Physician, Dr. Riley His Residence, Office Main Street
 Place of burial, Cemetery, Lot or Grave No. Section No.
 Funeral Services at
 Time of Services,
 Date of Interment, January 11 1900

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Int Oak Square</u>	Candles,
Size, <u>6'0"</u> Made by	Gloves,
Lining,	Hearse to Cemetery
Handles,	Carriage for
Plate,	" "
Outside Box, <u>chestnut</u>	" "
Burial robe,	Carriages at Funeral,
Preserving Body with	Death Notices in
Washing and Dressing, .....	.....
Shaving, .....	.....
Services, .....	.....
Use of Chairs,	Goods ordered by
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Yearly No. _____ FOR THE FUNERAL OF _____

Jeffay Dequette

Date of Death, *January 9*, 190*0* Color † _____ Age { *18* Years.
4 Months.
24 Days.

Name of Deceased, *Jeffay Dequette*

Place of death, *Beaver* Street, _____ Ward No. _____

Residence, _____ Sex, *male* Single, *single* Married, _____

Occupation, *mill hand* Wife of _____

Birth-place, *West Rutland* Widow of _____

Name of Father, *Louis Dequette* His Birth-place, * *Blattsburg N.Y.*

Maiden Name } *Ella Tadris* Her Birth-place, * *Canada*

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, *Peritonitis* Duration, *6 Days*

Certifying Physician, *D. Stafford* His Residence, *Sumner St.*

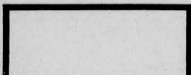
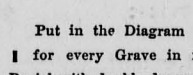
Place of burial, *West Rutland Vt.* Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, *Jan 11*

Date of Interment, *11 11*, 190*0*

Diagram of _____

Put in the Diagram one mark like this  for every Grave in it. And mark this  Burial with double dagger there.

Casket or Coffin Number, <i>62</i>	Candles,
Size, <i>6/0</i> Made by <i>Florness</i>	Gloves,
Lining,	Hearse to Cemetery
Handles,	Carriage for
Plate,	" "
Outside Box, <i>Pine</i>	" "
Burial robe,	Carriages at Funeral,
Preserving Body with	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date

Fred Dudley

Date of Death, *January 10* 190*0* Color *white* Age { *30* Years.
Months.
Days.

Name of Deceased, *Fred Dudley*

Place of death, *Moulton Hill* Street, Ward No.

Residence, Sex, *male* Single, *no* Married, *married*

Occupation, *Shoe Hand* Wife of

Birth-place, *Westboro Mass* Widow of

Name of Father, *Mitchell Dudley* His Birth-place, * *Canada*

Maiden Name of Mother, { *Phoebe Dumas* Her Birth-place, * *"*

Cause of death, { Primary, Duration,

Cause of death, { Secondary, *Phthisis Pul* Duration, *one year*

Certifying Physician, *Dr. Curran* His Residence, *Eagle St*

Place of burial, *North Adams L.V.* Cemetery, Lot or Grave No. Section No.

Funeral Services at, *St. Anne*

Time of Services, *9 O'clock Am*

Date of Interment, *Jan 12* 190*0*

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>1</i>	Candles,
Size, <i>6/0</i> Made by	Gloves,
Lining,	Hearse to <i>South Elm Cemetery</i>
Handles,	Carriage for
Plate,	" "
Outside Box, <i>Pine</i>	" "
Burial robe,	Carriages at Funeral,
Preserving Body with	Death Notices in
Washing and Dressing, .....	.....
Shaving, .....	.....
Services, .....	.....
Use of Chairs,	Goods ordered by
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Amanda Willett

Date of Death, *January 15th* 190*0* Color *White* Age { *7* Years.
8 Months.
8 Days.

Name of Deceased, *Amanda Willett*

Place of death, *rear 85 Union* Street, Ward No.

Residence, *" " "* Sex, *female* Single, *single* Married, *---*

Occupation, *none* Wife of
 Birth-place, *Burlington Vt* Widow of
 Name of Father, *Peter Willett* His Birth-place, * *Canada*
 Maiden Name of Mother, *Celia Guerin* Her Birth-place, * *"*

Cause of death, { Primary, Duration,
 Secondary, *convulsion* Duration, *8 hours*

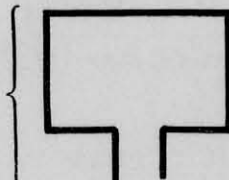
Certifying Physician, *Dr. Putnam* His Residence, *church st*

Place of burial, *South View* Cemetery, Lot or Grave No. *200* Section No. *fre*

Funeral Services at *St. Rose*

Time of Services,

Date of Interment, *Jan 16* 190*0*

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>SV 118</i>	Candles, <i>few</i>
Size, <i>2 1/2</i> Made by <i>A. C. Co.</i>	Gloves,
Lining, <i>ordinary</i>	Hearse to Cemetery
Handles, <i>hale</i>	Carriage for
Plate, <i>int</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>own dress</i>	Carriages at Funeral,
Preserving Body with <i>absorption</i>	Death Notices in
Washing and Dressing, <i>usual</i>	.....
Shaving, <i>none</i>	.....
Services, <i>at church</i>	.....
Use of Chairs,	Goods ordered by
Cemetery Fee,	Bill charged to

DR.

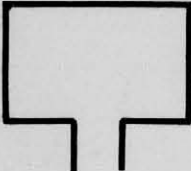
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Lizzie Girouard
 Date of Death, *Wednesday Jan 17* 190*0* Color *white* Age { *41* Years.
 Name of Deceased, *Lizzie Girouard* Months
 Days.
 Place of death, *South St* Street, Ward No.
 Residence, Sex, *female* Single, Married,
 Occupation, *house work* Wife of *Paul Girouard*
 Birth-place, *New Hampshire* Widow of
 Name of Father, *Oliver Girouard* His Birth-place, * *England*
 Maiden Name } of Mother, *unknown* Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, *Pneumonia* Duration, *7 days*
 Certifying Physician, *Dr. Mignault* His Residence,
 Place of burial, *South View* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *Not to Same*
 Time of Services, *9 A.M.*
 Date of Interment, *Jan 19* 190*0* Diagram of }
 Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>13</i>	Candles,
Size, <i>57 1/2</i> Made by <i>Florence</i>	Gloves,
Lining, <i>medium</i>	Hearse to Cemetery
Handles, <i>S.P. Bar</i>	Carriage for
Plate, <i>W.M.</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe,	Carriages at Funeral,
Preserving Body with	Death Notices in
Washing and Dressing, .....	.....
Shaving, .....	.....
Services, .....	.....
Use of Chairs,	Goods ordered by
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 144

Total to Date 488

FOR THE FUNERAL OF

Antoinette LaBlanc

Date of Death, Dec 11, 1909 Color White Age { 1 Years. 1 Months. 1 Days.

Name of Deceased, Antoinette LaBlanc

Place of death, No. Adams Street, 150 Prospect Ward No.

Residence, " " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, Achille LaBlanc His Birth-place, * Canada

Maiden Name of Mother, Angelina Roy Her Birth-place, *

Cause of death, Primary, Sclerosis Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr. Brossard His Residence,

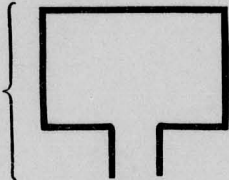
Place of burial, No. Adams So. View Cemetery, Lot or Grave No. 815 Section No.

Funeral Services at Notre Dame

Time of Services, Dec 12

Date of Interment, Dec 12, 1909

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, PK. 24 110	Candles, 2 lbs. None
Size, 11/16 Made by Bristol	Gloves,
Lining, White	Hearse to Cemetery
Handles, Brass	Carriage for Family
Plate, Brass	" "
Outside Box, None	" "
Burial robe,	Carriages at Funeral,
Preserving Body with	Death Notices in Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Achille LaBlanc
Cemetery Fee,	Bill charged to Achille LaBlanc

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 146

Total to Date 490

FOR THE FUNERAL OF

Margaret Collins Maria Hommelly

Date of Death, Dec. 15, 1909. Color White Age 51 Years. Months. Days.

Name of Deceased, Maria Hommelly

Place of death, No. Adams. Street, 33 Lincoln St. Ward No.

Residence, " " Sex, female Single, Widowed, Married.

Occupation, Nurse. Wife of

Birth-place, Ireland. Widow of John J. Hommelly

Name of Father, John J. Hommelly. His Birth-place, Ireland

Maiden Name of Mother, Unknown. Her Birth-place, "

Cause of death, Primary, Starvation. Duration,

Cause of death, Secondary, Shock. Duration,

Certifying Physician, Dr. F. Agan. His Residence, Centre

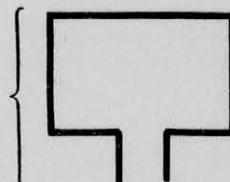
Place of burial, St. Michael's Springfield. Cemetery, Lot or Grave No. Section No.

Funeral Services at, St. Francis

Time of Services, 8:15 A.M.

Date of Interment, Dec. 17, 1909.

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 3110	Candles, 6 lbs
Size, 6' Extra. Made by National	Gloves, 6 P. Black
Lining, Dr. White Silk Ribbon set	Hearse to Depot Cemetery
Handles, 4' x 2' Silk	Carriage for
Plate, "	" "
Outside Box, Chestnut	" "
Burial robe, Black Cashmere by Dr. F. Agan	Carriages at Funeral, 5
Preserving Body with Mullins	Death Notices in Herald
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by Rev. J. Hommelly
Cemetery Fee	Bill charged to " "

Dr.

Cr.

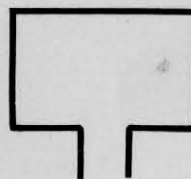
RECORD AND BILL OF ITEMS

Yearly No. 147

FOR THE FUNERAL OF

Total to Date 491

Joseph Leapost Nellie Harrington
 Date of Death, Dec. 16 1909 Color *White* Age { 37 Years.
 Name of Deceased, *Nellie Harrington* Months
 Place of death, *No. Adams* Street, *53 Montgomery* Ward No. Days.
 Residence, " " Sex, *female* Single, *T* Married, *Widowed*
 Occupation, *None* Wife of
 Birth-place, *Rutland Vt* Widow of *Walter Harrington*
 Name of Father, *James Gilrain* His Birth-place, *Ireland*
 Maiden Name of Mother, *Bridget McCarley* Her Birth-place, *
 Cause of death, { Primary, *Tuberculosis* Duration,
 Cause of death, { Secondary, *Chronic Nephritis* Duration,
 Certifying Physician, *Dr. M. M. Brown* His Residence,
 Place of burial, *Rutland Vt.* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *St. Francis*
 Time of Services, *Dec. 18. 6.30 A.M.*
 Date of Interment, *Dec. 18.* 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, *3115 R. 20*
 Size, *5/9* Made by *National*
 Lining, *White Silk*
 Handles, *Sil French Grey*
 Plate, " "
 Outside Box, *Pine*
 Burial robe, *Wool Dress*
 Preserving Body with *Mulleum*
 Washing and Dressing,
 Shaving,
 Services,
 Use of Chairs,
 Cemetery Fee,

Candles, *alls*
 Gloves, *to*
 Hearse to *Leapost* Cemetery
 Carriage for
 " "
 " "
 Carriages at Funeral, *3*
 Death Notices in *Localis*
 Goods ordered by *Miss Harrington*
 Bill charged to "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 148

Total to Date 492

FOR THE FUNERAL OF

Date of Death, Dec 23 1909 Color & White Age } Months.
Name of Deceased, James M. Canby } Days.
Place of death, No. Adams Street, 77 N. Holden! Ward No.
Residence, " " Sex, male Single, Married, married
Occupation, Bartender Wife of
Birth-place, No. Adams Widow of
Name of Father, John M. Canby His Birth-place, * Ireland
Maiden Name } of Mother, } Bridget M. Canby Her Birth-place, * "
Cause of death, } Primary, Heart Disease Duration,
Cause of death, } Secondary, Alcoholism Duration,
Certifying Physician, Dr. M. G. G. His Residence,
Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
Funeral Services at St. Francis,
Time of Services, 2 P.M. Dec 25 09
Date of Interment, Dec 25 1909

Diagram of)

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Diagram with double dagger thus: †

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	121 B B Co Geo	Candles,	6 lbs
Size,	6/0 Made by B B Co	Gloves,	6 B Black
Lining,	White Silk	Hearse to,	Hillside Cemetery
Handles,	Black & Copper	Carriage for,	
Plate,	" 1	" "	
Outside Box,	Pine	" "	
Burial robe,	Black Cashmere	Carriages at Funeral,	5
Preserving Body with,	Mullein	Death Notices in,	Herald
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs,		Goods ordered by,	Mrs M C. Gansley
Cemetery Fee,		Bill charged to,	" "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 149

Nelson Gamache,
FOR THE FUNERAL OF

Total to Date 423

Amie Sophia O'Hara

Date of Death, *Dec. 31* 190*9* Color *White* Age *48* Years. Months Days.

Name of Deceased, *Nelson Gamache*

Place of death, *Readsboro Vt* Street, *Ward No.*

Residence, *Readsboro Vt* Sex, *Male* Single, *Married, Widowed*

Occupation, *Seaboard* Wife of

Birth-place, *Canada* Widow of

Name of Father, *Nelson Gamache* His Birth-place, * *Canada*

Maiden Name of Mother, *Angelina Pignon* Her Birth-place, * *'*

Cause of death, { Primary, *Apoplexy* Duration,

Cause of death, { Secondary, Duration,

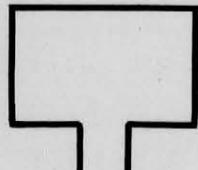
Certifying Physician, *Dr. Perry* His Residence, *Readsboro*

Place of burial, *No Adams St. Vt* Cemetery, Lot or Grave No. Section No.

Funeral Services at *Not at Home*

Time of Services, *9 A.M. Dec. 31*

Date of Interment, *Jan. 3* 190*10*

Diagram of Burial Lot. 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>860</i>	Candles, <i>2 lbs</i>
Size, <i>6/8</i> Made by <i>Bristol</i>	Gloves, <i>6 P. Black</i>
Lining, <i>White Silk Pillow Set</i>	Hearse to <i>So. Vt</i> Cemetery
Handles, <i>Silk Satin</i>	Carriage for
Plate, <i>"</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Woolen Clothes</i>	Carriages at Funeral, <i>5</i>
Preserving Body with <i>Cairo</i>	Death Notices in <i>Herald</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Paul Gargano</i>
Cemetery Fee,	Bill charged to <i>" "</i>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

FOR THE FU

Henry Lerner

Date of Death,.....190.....

Color †.....Age {Years.
.....Months.
.....Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence..... Sex..... Single..... Married.....

Occupation,.....Wife of

Birth-place.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician.....His Residence,

Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:



† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,..... Made by			Gloves,.....		
Lining,.....			Hearse to..... Cemetery		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,.....					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Arthur Mackay

Date of Death,.....190.....

Color †.....Age

{ **Years.**
 **Months.**
 **Days.**

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death,) Secondary,.....Duration,

Certifying Physician,.....His Residence,

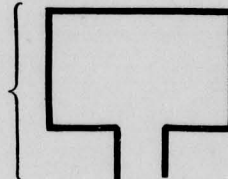
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this
 † for every Grave in it. And mark *this*
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,.....Made by.....			Gloves,.....		
Lining,.....			Hearse to.....Cemetery		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,.....					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

FOR THE FUNERAL OF

Paul M. Carthy

Date of Death,.....190.....

Color †.....Age

{ **Years.**
 **Months.**
 **Days.**

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician,.....His Residence,.....

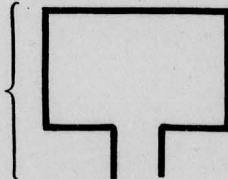
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,.....Made by.....	.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to.....Cemetery .....	.....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services,.....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	Goods ordered by.....	.....	.....
Cemetery Fee, .....	.....	.....	Bill charged to.....	.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

FOR THE FUNERAL OF
Sarah H. Mara

Date of Death, 190..... Color + Age } Months

Name of Deceased, Days.

Place of death,.....Street,.....**Ward No.**.....

Residence,..... Sex,..... Single..... Married.....

Occupation, Wife of

Birth-place,..... Widow of.....

Name of Father,.....His Birth-place, *

Maiden Name }
of Mother, { Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence.....

Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:



† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,.....Made by.....			Gloves,.....		
Lining,.....			Hearse to.....Cemetery		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....			.....		
Shaving,.....			.....		
Services,.....			.....		
Use of Chairs, .....			.....		
Cemetery Fee,			Goods ordered by.....		
			Bill charged to.....		

DR.

CR.

[illegible]

FOR THE FUNERAL OF

Total to Date

FOR THE FUNER

Michael Foley

Date of Death, 190..... Color † Age } Years.
 Name of Deceased } Months
 Days.

Name of Deceased, Days.

Place of death,.....Street,.....**Ward No.**.....

Residence,..... Sex,..... Single..... Married.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place. *

Maiden Name } His Birth-place,
of Mother, } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician.....His Residence.....

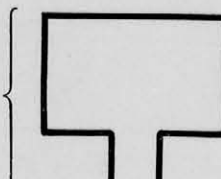
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services, []

Date of Interment, 190.....

Diagram of }



Put in the Diagram one mark like this
 † for every Grave in it. And mark *this*
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,..... Made by.....			Gloves,.....		
Lining,.....			Hearse to..... Cemetery		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

Anne Haley

Date of Death,.....190.....

Color †.....Age }Months.
Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence.....Sex.....Single.....Married.....

Occupation.....Wife of

Birth-place.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,

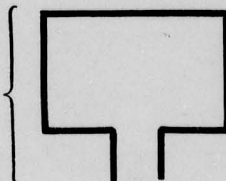
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....				Candles,.....			
Size,.....	Made by.....			Gloves,.....			
Lining,.....				Hearse to.....	Cemetery		
Handles,.....				Carriage for.....			
Plate,.....				“ “			
Outside Box,.....				“ “			
Burial robe,				Carriages at Funeral,.....			
Preserving Body with.....				Death Notices in.....			
Washing and Dressing,.....							
Shaving,.....							
Services,							
Use of Chairs,				Goods ordered by.....			
Cemetery Fee,				Bill charged to.....			

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

FOR THE FUNERAL OF
Florence Roberts

Date of Death,.....190.....

Color †.....Age {Years.
.....Months.
.....Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,..... Sex,..... Single,..... Married,.....

Occupation, Wife of

Birth-place..... Widow of.....

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, } Secondary, Duration,

Certifying Physician,.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services..... ()

Date of Interment.....190.....

† State whether *White* or *Black*. * Insert *Town* and *State*.

Diagram of } 



Put in the Diagram one mark like this for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:



Casket or Coffin Number,.....			Candles,.....		
Size,.....	Made by.....		Gloves,.....		
Lining,.....			Hearse to.....	Cemetery	
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,					
Shaving,.....					
Services,.....					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

Hugh Muldowney

Date of Death,.....190.....

Color t.

Age

Years.

Months.

Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married.....

Occupation,.....Wife of

Birth-place,.....Widow of.....

Name of Father,.....His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, } Secondary, Duration,

Certifying Physician,.....His Residence,.....

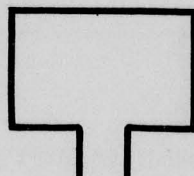
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:



† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,	Made by	Gloves,
-------------	---------------	---------------

Lining,			Hearse to.....	Cemetery		
---------------	-------	-------	----------------	----------------	-------	-------

Handles,.....			Carriage for.....	
---------------	-------	-------	-------------------	-------

Plate,.....			“ “		
-------------	-------	-------	-----------	-------	-------

Outside Box,.....			“ “	
-------------------	-------	-------	-----------	-------

Burial robe,		Carriages at Funeral,.....	
--------------------	-------	----------------------------	-------

Preserving Body with.....	Death Notices in.....
---------------------------	-----------------------

Washing and Dressing,					
-----------------------------	-------	-------	-------	-------	-------

Shaving.....					
--------------	-------	-------	-------	-------	-------

Services,			
-----------	--	--	--

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

FOR THE FUNERAL OF

Vital Rougeau

Date of Death,.....190.....

Color †.....Age }Months.
Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,.....Widow of

Name of Father,.....His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

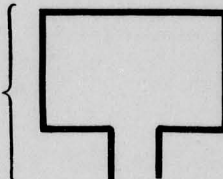
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of }



Put in the Diagram one mark like this **‡** for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,.....	Made by.....		Gloves,.....		
Lining,.....			Hearse to.....	Cemetery	
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,.....					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

Infant Gauthier

Date of Death, 190.....

Color †.

Age

..Years.

Months.

..Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father.....His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary,.....Duration,.....

Certifying Physician,.....His Residence,.....

Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,..... Made by.....	.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to..... Cemetery ..	.....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services, .....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	Goods ordered by.....	.....	.....
Cemetery Fee, .....	.....	.....	Bill charged to.....	.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Infant of Rachel Bernick

Date of Death, 190

Color † Age { Years.
..... Months
..... Days.

Name of Deceased,

Place of death, Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 190

Diagram of
Burial Lot. }Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Candles,		
Size, Made by			Gloves,		
Lining,			Hearse to Cemetery ...		
Handles,			Carriage for		
Plate,			" "		
Outside Box,			" "		
Burial robe,			Carriages at Funeral,		
Preserving Body with			Death Notices in		
Washing and Dressing,					
Shaving,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

Margaret Hayes

Date of Death.....190.....

Color †.....Age

{ Years.
 Months.
 Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,..... Widow of

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death,) Primary,.....Duration,

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

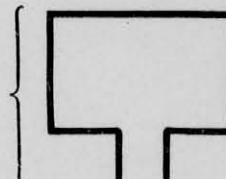
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at

Time of Services,.....

Date of Interment, 190

Diagram of }



Put in the Diagram one mark like this
 † for every Grave in it. And mark *this*
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....		Candles,.....	
-------------------------------	-------	---------------	-------

Size,	Made by	Gloves,
-------------	---------------	---------------

Lining.....		Hearse to.....	Cemetery	
-------------	--	----------------	---------------	--

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,			“ “	
--------------	-------	-------	-----------	-------

Outside Box,			“ “	
--------------------	-------	-------	-----------	-------

Burial robe,			Carriages at Funeral,		
--------------------	-------	-------	-----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,.....					
----------------------------	-------	-------	-------	-------	-------

[illegible]

Services,					
-----------------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

FOR THE FUNERAL

John Haber

Date of Death,.....190.....

Color † Age } Months.
 Days.

Name of Deceased,

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, { Secondary, Duration.:

Certifying Physician.....His Residence.....

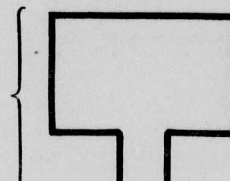
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of }



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,.....Made by.....			Gloves,.....		
Lining,.....			Hearse to.....Cemetery.....		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,.....					
Use of Chairs,					
Cemetery Fee,			Goods ordered by.....		
			Bill charged to.....		

DR.

CR.

[illegible]

Yearly No.

FOR THE FUNERAL OF

FOR THE FUNERAL OF

Julia McGilligan

Date of Death,.....190.....

Color †.....Age

Age { Years.
 Months.
 Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,..... Widow of.....

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician,.....His Residence,.....

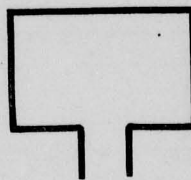
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,.....	Made by.....		Gloves,.....		
Lining,.....			Hearse to.....	Cemetery.....	
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....			.....		
Shaving,.....			.....		
Services,.....			.....		
Use of Chairs, .....			.....		
Cemetery Fee,			Goods ordered by.....		
			Bill charged to.....		

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Thomas M. Carmick

Date of Death.....190.....

Color †.....Age.....

Age {Years.
Months.
Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation.....Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, { Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, { Secondary,.....Duration,.....

Certifying Physician,.....His Residence,

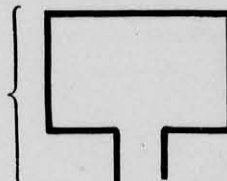
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,.....	Made by.....	Gloves,.....
------------	--------------	--------------

Lining.....			Hearse to.....	Cemetery		
-------------	--	--	----------------	---------------	--	--

Handles.....			Carriage for.....		
--------------	--	--	-------------------	--	--

Plate,.....			“ “		
-------------	-------	-------	-----------	-------	-------

Outside Box,			“ “		
--------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,.....		
--------------------	-------	-------	----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,					
-----------------------------	-------	-------	-------	-------	-------

Shaving,.....					
---------------	-------	-------	-------	-------	-------

Services,					
-----------------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

FOR THE FUNERAL OF

Jeanean Collette

Date of Death.....190.....

Color †.....Age

Age { Years.
 Months
 Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,..... Sex,..... Single,..... Married,.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

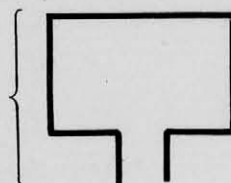
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment,190.....

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	Candles,.....	.....
Size,.....Made by.....	.....	Gloves,.....	.....
Lining,.....	.....	Hearse to.....Cemetery .....	.....
Handles,.....	.....	Carriage for.....	.....
Plate,.....	.....	“ “ .....	.....
Outside Box,.....	.....	“ “ .....	.....
Burial robe, .....	.....	Carriages at Funeral,.....	.....
Preserving Body with.....	.....	Death Notices in.....	.....
Washing and Dressing,.....	.....	.....	.....
Shaving,.....	.....	.....	.....
Services, .....	.....	.....	.....
Use of Chairs, .....	.....	Goods ordered by.....	.....
Cemetery Fee, .....	.....	Bill charged to.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

FOR
Henry Kirby

Date of Death.....190.....

Color †.....Age }Months.
Days.

Name of Deceased.....

Place of death.....Street.....**Ward No.**.....

Residence.....Sex.....Single.....Married.....

Occupation, Wife of

Birth-place,..... Widow of

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death. { Secondary.....Duration,

Certifying Physician,.....His Residence,

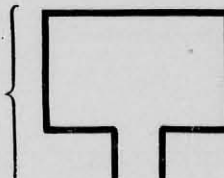
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment, 190.....

**Diagram of
Burial Lot.**



Put in the Diagram one mark like this
 ■ for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,..... Made by.....			Gloves,.....		
Lining,.....			Hearse to..... Cemetery		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Agnes Elder

Date of Death.....190.....

Color †.....Age }Months
Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father,.....His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,

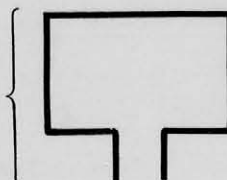
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,.....	Made by		Gloves,.....		
------------	---------------	-------	--------------	-------	-------

Lining.....			Hearse to.....	Cemetery		
-------------	--	--	----------------	---------------	--	--

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,			
--------	--	--	--

Outside Box,				
--------------	--	--	--	--

Burial robe,			Carriages at Funeral,		
--------------------	-------	-------	-----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,	.			
------------------------------	---	--	--	--

Shaving,				
-----------------	--	--	--	--

Services,				
------------------	--	--	--	--

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Salomon Payette

Date of Death.....190.....

Color †.....Age

{ **Years.**
 **Months.**
 **Days.**

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,.....Widow of

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, { Secondary,.....Duration,

Certifying Physician,.....His Residence,

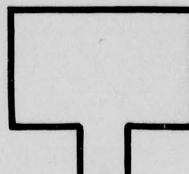
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190.....

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,.....	Made by.....		Gloves,.....		
------------	--------------	-------	--------------	-------	-------

Lining.....			Hearse to.....	Cemetery		
-------------	--	--	----------------	---------------	--	--

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,			“ “		
--------------	-------	-------	-----------	-------	-------

Outside Box,.....			“ “		
-------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,.....		
--------------------	-------	-------	----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,					
-----------------------------	-------	-------	-------	-------	-------

Shaving,.....					
---------------	-------	-------	-------	-------	-------

Services,						
-----------------	-------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Amos Burdett

Date of Death,.....190.....

Color †.

.Age

Years.

Months

Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,..... Widow of.....

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, } Secondary, Duration,

Certifying Physician,.....His Residence,

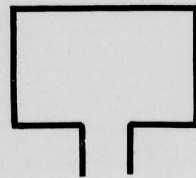
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this
 | for every Grave in it. And mark *this*
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,.....	Made by	Gloves,.....		
------------	---------------	--------------	-------	-------

Lining.....		Hearse to.....	Cemetery.....
-------------	--	----------------	---------------

Handles,			Carriage for		
----------------	-------	-------	--------------------	-------	-------

[illegible]

Outside Box,

Burial robe,			Carriages at Funeral,.....		
--------------------	-------	-------	----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,.....						
----------------------------	--	--	--	--	--	--

Shaving.....		
--------------	--	--

Services,				
------------------	--	--	--	--

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,		Bill charged to.....	
---------------------	-------	----------------------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Cornelia May Lowell

Date of Death.....190.....

Color †.....Age

Age { Years.
 Months.
 Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence.....Sex.....Single.....Married.....

Occupation.....Wife of

Birth-place.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death. { Secondary, Duration,

Certifying Physician,.....His Residence,.....

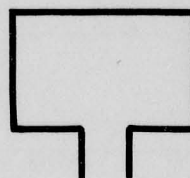
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,.....	Made by.....	Gloves,.....
------------	--------------	--------------

Lining.....		Hearse to.....	Cemetery		
-------------	-------	----------------	---------------	-------	-------

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,.....			“ “		
-------------	-------	-------	-----------	-------	-------

Outside Box,			“ “		
--------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,		
--------------------	-------	-------	-----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,.....						
----------------------------	-------	-------	-------	-------	-------	-------

[illegible]

Services,					
-----------------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

FOR THE FUNERAL OF

Total to Date.....

Frances E. Dudley

Date of Death.....190.....

Color †.....Age

Age { Years.
 Months
 Days.

Name of Deceased.....

Place of death,.....Street,.....*Ward No.*.....

Residence..... Sex,..... Single,..... Married,.....

Occupation, Wife of

Birth-place..... Widow of

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, } Secondary, Duration,

Certifying Physician,.....His Residence,.....

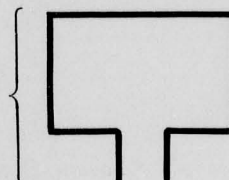
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,..... Made by.....	.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to..... Cemetery .....	.....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services, .....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	Goods ordered by.....	.....	.....
Cemetery Fee, .....	.....	.....	Bill charged to.....	.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Edward R. Kane

Date of Death,.....190.....

Color t.

.Age

Years.**..Months.****Days.**

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place..... Widow of.....

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, { Secondary,.....Duration,.....

Certifying Physician,.....His Residence,

Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

**Diagram of
Burial Lot.**



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,.....	Made by.....		Gloves,.....		
Lining,.....			Hearse to.....	Cemetery	
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Mary R. Leegas

Date of Death,.....190.....

Color †.....Age {Years.
.....Months.
.....Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, { Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary,.....Duration,.....

Certifying Physician.....His Residence,

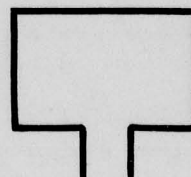
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at

Time of Services.....

Date of Interment, 190

Diagram of Burial Lot.



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,.....	Made by.....	Gloves,.....
------------	--------------	--------------

Lining.....		Hearse to.....	Cemetery	
-------------	--	----------------	---------------	--

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,.....			“ “		
-------------	-------	-------	-----------	-------	-------

Outside Box,			“ “		
--------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,		
--------------------	-------	-------	-----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,					
-----------------------------	-------	-------	-------	-------	-------

Shaving.....					
--------------	-------	-------	-------	-------	-------

Services,					
-----------------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

Dr.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Maromilliar St Marie

Date of Death.....190.....

Color †.

Age

Years.

Months.

Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name) Her Birth-place *

Cause of death, } Primary,.....Duration,

Cause of death, { Secondary,.....Duration,.....

Certifying Physician,.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

**Diagram of
Burial Lot.**



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....		Candles,.....	
Size,..... Made by.....		Gloves,.....	
Lining,.....		Hearse to..... Cemetery ..	
Handles,.....		Carriage for.....	
Plate,.....		“ “	
Outside Box,.....		“ “	
Burial robe,		Carriages at Funeral,.....	
Preserving Body with.....		Death Notices in.....	
Washing and Dressing,.....			
Shaving,.....			
Services,			
Use of Chairs,		Goods ordered by.....	
Cemetery Fee,		Bill charged to.....	

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

Elen E Cummins

Date of Death,.....190.....

Color †.....Age }Months.
Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence.....Sex.....Single.....Married.....

Occupation, Wife of

Birth-place.....Widow of

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician.....His Residence,

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of } 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,..... Made by.....	.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to..... Cemetery .....	.....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services, .....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	Goods ordered by.....	.....	.....
Cemetery Fee, .....	.....	.....	Bill charged to.....	.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Infant Ceremony

Date of Death,.....190.....

Color †.....Age

{ Years.
..... Months
..... Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,..... Sex,..... Single,..... Married,.....

Occupation, Wife of

Birth-place,..... Widow of

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

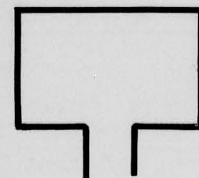
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....		Candles,.....	
-------------------------------	-------	---------------	-------

Size,.....	Made by.....	Gloves,.....
------------	--------------	--------------

Lining.....			Hearse to.....	Cemetery.....		
-------------	--	--	----------------	---------------	--	--

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,.....			“ “		
-------------	-------	-------	-----	-------	-------

Outside Box,..... " "

Burial robe,			Carriages at Funeral,.....		
--------------------	-------	-------	----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

[illegible]

Shaving,.....					
---------------	-------	-------	-------	-------	-------

Services,					
-----------------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Joseph Bengeau

Date of Death.....190.....

Color †.....Age

{ Years.
..... Months
..... Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,..... Sex,..... Single,..... Married,.....

Occupation, Wife of

Birth-place..... Widow of

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:



† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....		Candles,.....	
-------------------------------	-------	---------------	-------

Size,.....	Made by.....	Gloves,.....
------------	--------------	--------------

Lining.....		Hearse to.....	Cemetery
-------------	--	----------------	---------------

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,.....			“ “		
-------------	-------	-------	-----------	-------	-------

Outside Box,			“ “		
--------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,.....		
--------------------	-------	-------	----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,				
-----------------------------	-------	-------	-------	-------

Shaving,.....					
---------------	-------	-------	-------	-------	-------

Services,				
------------------	--	--	--	--

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

William J Collins

Date of Death, 190.....

Color † Age { **Years.**
..... **Months.**
..... **Days.**

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place,.....Widow of

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of Burial Lot.



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,..... Made by .....	.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to..... Cemetery .....	.....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services, .....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	Goods ordered by.....	.....	.....
Cemetery Fee, .....	.....	.....	Bill charged to.....	.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

James C. Shea

Date of Death,.....190.....

Color †.....Age

Age { Years.
 Months
 Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place, Widow of

Name of Father,.....His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, } Secondary, Duration,

Certifying Physician,.....His Residence,.....

Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this
 | for every Grave in it. And mark *this*
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,.....	Made by.....			Gloves,.....		
------------	--------------	--	--	--------------	--	--

Lining,		Hearse to	Cemetery	
---------------	-------	-----------------	----------------	-------

Handles,.....			Carriage for.....		
---------------	-------	-------	-------------------	-------	-------

Plate,.....			“ “		
-------------	-------	-------	-----------	-------	-------

Outside Box,.....			“ “		
-------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,.....		
--------------------	-------	-------	----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

[illegible]

Shaving,					
----------------	-------	-------	-------	-------	-------

Services,				
------------------	--	--	--	--

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

Infant Leaking

Date of Death,.....190.....

Color †.....Age

{ **Years.**
 **Months.**
 **Days.**

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, } Secondary, Duration,

Certifying Physician,.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:



† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....		Candles,.....	
-------------------------------	-------	---------------	-------

Size,	Made by	Gloves,
-------------	---------------	---------------

Lining.....		Hearse to.....	Cemetery		
-------------	-------	----------------	---------------	-------	-------

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,			“ “		
--------------	-------	-------	-----------	-------	-------

Outside Box,			“ “		
--------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,		
--------------------	-------	-------	-----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,					
-----------------------------	-------	-------	-------	-------	-------

Shaving.....					
--------------	--	--	--	--	--

Services,					
-----------------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Mary C Conlon

Date of Death.....190.....

Color †.....Age }Months.
Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:



† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	Candles,.....	.....
Size,..... Made by.....	.....	Gloves,.....	.....
Lining,.....	.....	Hearse to..... Cemetery ..	.....
Handles,.....	.....	Carriage for.....	.....
Plate,.....	.....	“ “ .....	.....
Outside Box,.....	.....	“ “ .....	.....
Burial robe, .....	.....	Carriages at Funeral,.....	.....
Preserving Body with.....	.....	Death Notices in.....	.....
Washing and Dressing,.....	.....	.....	.....
Shaving,.....	.....	.....	.....
Services, .....	.....	.....	.....
Use of Chairs, .....	.....	Goods ordered by.....	.....
Cemetery Fee, .....	.....	Bill charged to.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

FOR THE FUNERAL OF

Total to Date.....

FOR THE FUND

Infant Powers

Date of Death.....190.....

Color †.....Age

Age { Years.
 Months.
 Days.

Name of Deceased,

Place of death,.....Street,.....**Ward No.**.....

Residence.....Sex.....Single.....Married.....

Occupation, Wife of

Birth-place.....Widow of.....

Name of Father,.....His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician,.....His Residence,

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:



† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,..... Made by.....	.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to..... Cemetery .....	.....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services, .....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	Goods ordered by.....	.....	.....
Cemetery Fee, .....	.....	.....	Bill charged to.....	.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Martha F. Bennett

Date of Death.....190.....

Color †.....Age }Months.
Days.

Name of Deceased,

Place of death,.....Street,.....**Ward No.**.....

Residence..... Sex..... Single..... Married.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father,.....His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,

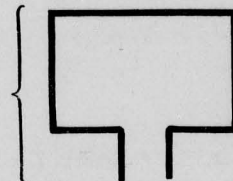
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,..... Made by.....			Gloves,.....		
Lining,.....			Hearse to..... Cemetery		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....			.....		
Shaving,.....			.....		
Services, .....			.....		
Use of Chairs, .....			.....		
Cemetery Fee,			Goods ordered by.....		
			Bill charged to.....		

Dr.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

Vincent Joseph Daley

Date of Death,.....190.....

Color †.....Age

{ Years.
 Months
 Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,..... Widow of

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment,190.....

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this
 | for every Grave in it. And mark *this*
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,..... Made by.....			Gloves,.....		
Lining,.....			Hearse to..... Cemetery		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

FOR THE FUNERAL OF

Total to Date.....

Infant Leukemia

Date of Death,.....190.....

Color †.....Age

Age { Years.
 Months.
 Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation,.....Wife of

Birth-place,..... Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, $\int$ Secondary, Duration,

Certifying Physician,.....His Residence,

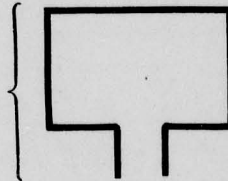
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of Burial Lot. } 



Put in the Diagram one mark like this
 † for every Grave in it. And mark *this*
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,..... Made by.....	.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to..... Cemetery .....	.....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services, .....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	Goods ordered by.....	.....	.....
Cemetery Fee, .....	.....	.....	Bill charged to.....	.....	.....

Dr.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date

FOR THE FUNERAL OF

Karl E. Bilgenrath

Date of Death, 190

Color †

Age {

..... Years.

..... Months.

..... Days.

Name of Deceased,

Place of death, Street,

Ward No.

Residence, Sex,

Single,

Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name }
of Mother, }

Her Birth-place, *

Cause of death, }

Primary,

Duration,

Cause of death, }

Secondary,

Duration,

Certifying Physician, His Residence,

Place of burial, Cemetery, Lot or Grave No.

Section No.

Funeral Services at

Time of Services,

Date of Interment, 190

Diagram of }
Burial Lot. }Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number,

Size, Made by

Lining,

Handles,

Plate,

Outside Box,

Burial robe,

Preserving Body with

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to Cemetery

Carriage for

" "

" "

Carriages at Funeral,

Death Notices in

Goods ordered by

Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

William M. C. Carthy

Date of Death,.....190.....

Color †.....

Age {

.....Years.

.....Months.

.....Days.

Name of Deceased,.....

Place of death,.....Street,.....

Ward No.

Residence,.....

Sex,.....

Single,.....

Married,.....

Occupation,.....

Wife of

Birth-place,.....

Widow of

Name of Father,.....

His Birth-place, *

Maiden Name }
of Mother, }

Her Birth-place, *

Cause of death, }

Primary,.....

Duration,.....

Cause of death, }

Secondary,.....

Duration,.....

Certifying Physician,.....

His Residence,.....

Place of burial,.....

Cemetery, Lot or Grave No.

Section No.

Funeral Services at

Time of Services,.....

Date of Interment,.....190.....

Diagram of }
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐† State whether *White* or *Black*.* Insert *Town* and *State*.

Casket or Coffin Number,.....

Size,.....Made by

Lining,.....

Handles,.....

Plate,.....

Outside Box,.....

Burial robe,

Preserving Body with

Washing and Dressing,.....

Shaving,.....

Services,.....

Use of Chairs,

Cemetery Fee,

Candles,.....

Gloves,.....

Hearse to.....

Cemetery

Carriage for.....

" "

" "

Carriages at Funeral,.....

Death Notices in.....

Goods ordered by.....

Bill charged to.....

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Date of Death,.....190.....

Color †.....Age

{ **Years.**
 **Months.**
 **Days.**

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation..... Wife of

Birth-place,.....Widow of.....

Name of Father,.....His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, { Secondary,.....Duration,

Certifying Physician,.....His Residence,

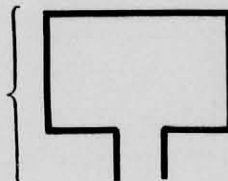
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,.....	Made by.....			Gloves,.....		
------------	--------------	--	--	--------------	-------	-------

Lining.....			Hearse to.....	Cemetery		
-------------	--	--	----------------	----------------	--	--

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,.....			“ “		
-------------	-------	-------	-----------	-------	-------

Outside Box,			“ “		
--------------------	-------	-------	--------------------	-------	-------

Burial robe,			Carriages at Funeral,.....		
--------------------	-------	-------	----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,					
-----------------------------	-------	-------	-------	-------	-------

Shaving,					
----------------	-------	-------	-------	-------	-------

Services,						
-----------------	-------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.....

FOR THE FUNERAL OF

Total to Date.....

George Lafair

Date of Death.....190.....

Color †.....Age

Age { Years.
 Months.
 Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,..... Widow of.....

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary,.....Duration,.....

Certifying Physician,.....His Residence,

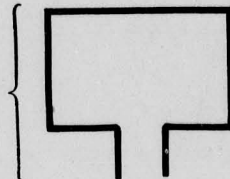
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,..... Made by.....	.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to..... Cemetery .....	.....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services,.....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	Goods ordered by.....	.....	.....
Cemetery Fee, .....	.....	.....	Bill charged to.....	.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Amanda M Clark

Date of Death,.....190.....

Color †.....Age {Years.
.....Months.
.....Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, { Secondary, Duration,

Certifying Physician.....His Residence,.....

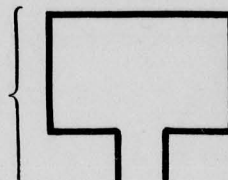
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this **‡** for every Grave in it. And mark *this* Burial with double dagger thus: ‡

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....		Candles,.....	
-------------------------------	-------	---------------	-------

Size.....	Made by.....	Gloves.....
-----------	--------------	-------------

Lining.....			Hearse to.....	Cemetery		
-------------	-------	-------	----------------	---------------	-------	-------

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate.....			“ “		
------------	-------	-------	-----------	-------	-------

Outside Box,			“ “		
--------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,		
--------------------	-------	-------	-----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing.....					
---------------------------	-------	-------	-------	-------	-------

Shaving,.....					
---------------	-------	-------	-------	-------	-------

Services,				
-----------	--	--	--	--

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

James R. White

Date of Death.....190.....

Color †.....Age

Age { Years.
 Months.
 Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence.....Sex.....Single.....Married.....

Occupation, Wife of

Birth-place,..... Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death. { Secondary.....Duration,.....

Certifying Physician,.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,..... Made by.....			Gloves,.....		
Lining,.....			Hearse to..... Cemetery ..		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....			.....		
Shaving,.....			.....		
Services, .....			.....		
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

FOR THE FUNERAL OF

Total to Date.....

Annex's Gilman

Date of Death,.....190.....

Color †.....Age

Age { Years.
 Months
 Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,..... Sex,..... Single,..... Married,.....

Occupation, Wife of

Birth-place,..... Widow of

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

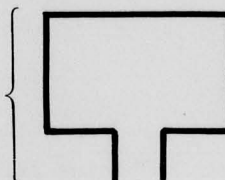
Place of burial,.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,..... Made by.....	.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to..... Cemetery .....	.....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services, .....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	.....	.....	.....
Cemetery Fee, .....	.....	.....	Goods ordered by.....	.....	.....
			Bill charged to.....	.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

Mary Dwyer

Date of Death.....190.....

Color †.....Age }Months.
Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *

Cause of death, } Primary,.....Duration,

Cause of death, { Secondary,.....Duration,.....

Certifying Physician.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of Burial Lot. } 



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	Candles,.....	.....
Size,..... Made by.....	.....	Gloves,.....	.....
Lining,.....	.....	Hearse to..... Cemetery ..	.....
Handles,.....	.....	Carriage for.....	.....
Plate,.....	.....	“ “ .....	.....
Outside Box,.....	.....	“ “ .....	.....
Burial robe, .....	.....	Carriages at Funeral,.....	.....
Preserving Body with.....	.....	Death Notices in.....	.....
Washing and Dressing,.....	.....	.....	.....
Shaving,.....	.....	.....	.....
Services, .....	.....	.....	.....
Use of Chairs, .....	.....	Goods ordered by.....	.....
Cemetery Fee, .....	.....	Bill charged to.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

FOR THE FUNERAL

Lewis B. Elroy

Date of Death.....190.....

Color †.....Age }Months.
Days.

Name of Deceased.....

Place of death,.....Street,.....**Ward No.**.....

Residence.....Sex.....Single.....Married.....

Occupation, Wife of

Birth-place,..... Widow of.....

Name of Father,.....His Birth-place, *.....

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, { Secondary,.....Duration,.....

Certifying Physician,.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,..... Made by.....			Gloves,.....		
Lining,.....			Hearse to..... Cemetery		
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....			.....		
Shaving,.....			.....		
Services, .....			.....		
Use of Chairs, .....			.....		
Cemetery Fee,			Goods ordered by.....		
			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

Francis Corniff

Date of Death, 190.....

Color † Age { **Years.**
..... **Months.**
..... **Days.**

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,.....Sex,.....Single,.....Married,.....

Occupation,.....Wife of

Birth-place.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death,) Primary,.....Duration,

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment, 190

Diagram of }



Put in the Diagram one mark like this **‡** for every Grave in it. And mark this Burial with double dagger thus: **‡**

Designate site of Monument thus:



† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	.....	.....	Candles,.....	.....	.....
Size,.....	Made by.....	.....	Gloves,.....	.....	.....
Lining,.....	.....	.....	Hearse to.....	Cemetery .....	.....
Handles,.....	.....	.....	Carriage for.....	.....	.....
Plate,.....	.....	.....	“ “ .....	.....	.....
Outside Box,.....	.....	.....	“ “ .....	.....	.....
Burial robe, .....	.....	.....	Carriages at Funeral,.....	.....	.....
Preserving Body with.....	.....	.....	Death Notices in.....	.....	.....
Washing and Dressing,.....	.....	.....	.....	.....	.....
Shaving,.....	.....	.....	.....	.....	.....
Services,.....	.....	.....	.....	.....	.....
Use of Chairs, .....	.....	.....	Goods ordered by.....	.....	.....
Cemetery Fee, .....	.....	.....	Bill charged to.....	.....	.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No......

Total to Date.....

FOR THE FUNERAL OF

FOR THE FUNERAL OF
Ellen B O Keefe

Date of Death,.....190.....

Color †.....Age

{ **Years.**
 **Months.**
 **Days.**

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence.....Sex.....Single.....Married.....

Occupation, Wife of

Birth-place.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death,) Primary,.....Duration,

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,.....

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at

Time of Services,.....

Date of Interment, 190

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,.....	Made by		Gloves,.....		
Lining,.....			Hearse to.....	Cemetery	
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

FOR THE FUNERAL OF

Michael Hagan

Date of Death,.....190..... Color †.....Age {Years.
.....Months.
.....Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence,..... Sex,..... Single,..... Married,.....

Occupation, Wife of

Birth-place.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death,) Primary,.....Duration,

Cause of death, { Secondary, Duration,

Certifying Physician,.....His Residence,

Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
Size,.....	Made by.....		Gloves,.....		
Lining,.....			Hearse to.....	Cemetery	
Handles,.....			Carriage for.....		
Plate,.....			“ “		
Outside Box,.....			“ “		
Burial robe,			Carriages at Funeral,.....		
Preserving Body with.....			Death Notices in.....		
Washing and Dressing,.....					
Shaving,.....					
Services,					
Use of Chairs,			Goods ordered by.....		
Cemetery Fee,			Bill charged to.....		

DR.

CR.

[illegible]

Total to Date.....

Augustus Hauilhan

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date.....

FOR THE FUNERAL OF

Annie Viola Barrett

Date of Death, 190..... Color † Age { Years.
 Months.
 Days.

Name of Deceased,.....

Place of death,.....Street,.....**Ward No.**.....

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place,..... Widow of

Name of Father, His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary,.....Duration,.....

Certifying Physician,.....His Residence,.....

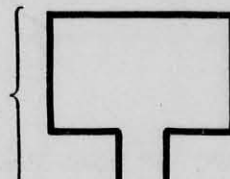
Place of burial.....Cemetery, Lot or Grave No.....Section No.....

Funeral Services at.....

Time of Services.....

Date of Interment.....190.....

Diagram of }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,				Candles,		
Size,	Made by			Gloves,		
Lining,				Hearse to	Cemetery	
Handles,				Carriage for		
Plate,				" "		
Outside Box,				" "		
Burial robe,				Carriages at Funeral,		
Preserving Body with				Death Notices in		
Washing and Dressing,						
Shaving,						
Services,						
Use of Chairs,				Goods ordered by		
Cemetery Fee,				Bill charged to		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Wilfred J. Kelly

Date of Death, *Dec 20* 190*0*Color † *White* Age {

Years.

Months

Days.

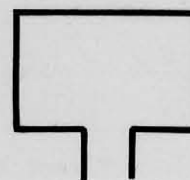
Name of Deceased, *Wilfred J. Kelly*Place of death, *North Adams*Street, *Spring St*

Ward No.

Residence, *North Adams*Sex, *Male*Single, *Yes*Married, *No*Occupation, *none*Wife of *—*Birth-place, *North Adams*Widow of *—*Name of Father, *Hugh Kelly*His Birth-place, * *Chatham Columbia Co*Maiden Name of Mother, *Susan Casey*Her Birth-place, * *—*Cause of death, { Primary, *Cerebral*Duration, *—*Cause of death, { Secondary, *Enteritis*Duration, *—*Certifying Physician, *Dr. Stafford*His Residence, *—*Place of burial, *—*

Cemetery, Lot or Grave No.

Section No.

Funeral Services at *—*Time of Services, *—*Date of Interment, *—* 190*0*Diagram of
Burial Lot. }

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐† State whether *White* or *Black*. * Insert *Town* and *State*.Casket or Coffin Number, *582 N/A*Size, *9/9* Made by *N. H. H. H.*Lining, *Satin*Handles, *Blush*Plate, *Silver square*Outside Box, *Pine*Burial robe, *own dress suit*Preserving Body with *—*Washing and Dressing, *—*Shaving, *—*Services, *—*Use of Chairs, *—*Cemetery Fee, *—*Candles, *—*Gloves, *—*Hearse to *—*Cemetery *—*Carriage for *—*" " *—*" " *—*Carriages at Funeral, *—*Death Notices in *—*Goods ordered by *—*Bill charged to *—*

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No......

FOR THE FUNERAL OF

Total to Date.....

Margaret O'Brien

Date of Death, Dec 9th 1900 Color † White Age { 55 Years.
Months.
Days.

Name of Deceased Margaret O'Brien

Place of death, Bethel St. Street, Union St. Ward No.

Residence, 11 Sex, female Single, Married, married

Occupation, Housewife Wife of Michael O'Brien

Birth-place, Ireland Widow of

Name of Father, Patrick Ryan His Birth-place, * Ireland

Maiden Name } Catharine Duggan Her Birth-place, * Ireland
of Mother, }

Cause of death, { Primary, pneumonia of lungs Duration,
Secondary, Jan & chest

Cause of death, { Duration,

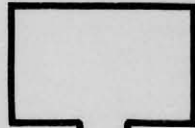
Certifying Physician, Dr. Hobbie His Residence,

Place of burial, St. Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 2 P.M.

Date of Interment, Dec 24 1900

Diagram of Burial Lot. { 

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 98
Size, 6/10 Made by, J. J. Jones
Lining, Pine
Handles, 1/4" x 1/4"
Plate,
Outside Box, Pine
Burial robe, Pine Cash
Preserving Body with
Washing and Dressing,
Shaving,
Services,
Use of Chairs,
Cemetery Fee,

Candles.....		
Gloves.....		
Hearse to.....Cemetery		
Carriage for.....		
“ “		
“ “		
Carriages at Funeral.....		
Death Notices in.....		
.....		
.....		
.....		
Goods ordered by.....		
Bill charged to.....		

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date

Leena Davis

Date of Death, *Dec 22* 190*a*Color † *White* Age {

27 Years.
Months
Days.

Name of Deceased, *Leena Davis*Place of death, *Hampden St*Street, *Woods*

Ward No.

Residence, *11* *St*Sex, *Female* Single, ☒Married, *Married*Occupation, *House wife*Wife of *Andrew Davis*

Birth-place,

Widow of

Name of Father,

His Birth-place, *

Maiden Name }
of Mother, }

Her Birth-place, *

Cause of death, } Primary,

Duration,

Cause of death, } Secondary,

Duration,

Certifying Physician,

His Residence,

Place of burial, *Clarkburg Mass*

Cemetery, Lot or Grave No.

Section No.

Funeral Services at *Clarkburg church*Time of Services, *5 PM*Date of Interment, *Dec 24* 190*a*Diagram of }
Burial Lot. }

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐† State whether *White* or *Black*. * Insert *Town* and *State*.Casket or Coffin Number, *122*Size, *5/6* Made by *Flume*

Lining,

Handles, *Silver bar*Plate, *1*Outside Box, *Pine*Burial robe, *own dress*

Preserving Body with

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to Cemetery

Carriage for

" "

" "

Carriages at Funeral,

Death Notices in

Goods ordered by *Andrew Davis*

Bill charged to

DR.

CR.

Total to Date.....

† State whether *White* or *Black*. * Insert *Town* and *State*.

Dr.	Cr.
-----	-----

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date..

FOR THE FUNERAL OF

Joseph Oliver Arger

Date of Death, *January 27* 190*5* Color † *White* Age { *—* Years.
— Months.
8 Days.

Name of Deceased, *Joseph Oliver Arger*

Place of death, *44 St. Guylock* Street, *North Adams* Ward No. *—*

Residence, *"* Sex, *Male* Single, *Single* Married, *—*

Occupation, *none* Wife of *—*

Birth-place, *North Adams* Widow of *—*

Name of Father, *Olinus Arger* His Birth-place, * *Putnam Conn*

Maiden Name } *Theresa Laphan* Her Birth-place, * *Essex Mass*
of Mother, }

Cause of death, } Primary, *Inanition* Duration, *8 days*

Cause of death, } Secondary, *Pneumonia* Duration, *" "*

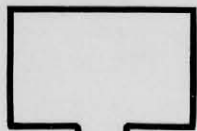
Certifying Physician, *Dr. Galvin* His Residence, *Blackinton Mass*

Place of burial, *town* Cemetery, Lot or Grave No. *—* Section No. *—*

Funeral Services at *none*

Time of Services, *—*

Date of Interment, *Jan 4th* 190*5*

Diagram of }
Burial Lot. } 

† State whether *White* or *Black*. * Insert *Town* and *State*.

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †
Designate site of Monument thus: 

Casket or Coffin Number, <i>212</i>	Candles, _____
Size, <i>2 ft</i> Made by <i>Florence</i>	Gloves, _____
Lining, <i>fair</i>	Hearse to _____ Cemetery
Handles, <i>lac</i>	Carriage for <i>family</i>
Plate, <i>C. D.</i>	" " _____
Outside Box, <i>Pine</i>	" " _____
Burial robe, <i>unders</i>	Carriages at Funeral, <i>one</i>
Preserving Body with <i>Essex absorption</i>	Death Notices in <i>Dailies</i>
Washing and Dressing, _____	_____
Shaving, _____	_____
Services, _____	_____
Use of Chairs, _____	_____
Cemetery Fee, <i>\$ 25</i>	Goods ordered by <i>Oliver Oyer</i>
	Bill charged to _____

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

Total to Date

FOR THE FUNERAL OF

Margaret A. Dillworth

Date of Death, *January 4th* 190*5* Color *White* Age { *57* Years.
 _____ Months.
 _____ Days.

Name of Deceased, *Margaret A. Dillworth*Place of death, *108 Cliff* Street, *North Adams* Ward No.Residence, *" "* Sex, *Female* Single, _____ Married, *Married*Occupation, *none* Wife of *John Dillworth*Birth-place, *North Adams* Widow of *John Dillworth*Name of Father, *Shirley Dillworth* His Birth-place, * *Seattle*Maiden Name of Mother, *Elizabeth Leamon* Her Birth-place, * *Unknown*

Cause of death, { Primary, _____ Duration, _____

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, *Riley* His Residence, *Main St.*Place of burial, *Temple Hillside* Cemetery, Lot or Grave No. _____ Section No.Funeral Services at *Baptist Church*Time of Services, *2:30 PM*Date of Interment, *Jan 7th* 190*5*Diagram of }
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, *1210*Size, *57 1/2* Made by *National*Lining, *Silk*Handles, *Ox Bar*Plate, *"*Outside Box, *Pine*Burial robe, *Iron dress*Preserving Body with *Cresc cavity*Washing and Dressing, *Jan 4th*

Shaving, _____

Services, _____

Use of Chairs, _____

Cemetery Fee, _____

Candles, _____

Gloves, _____

Hearse to *Temple Hillside* Cemetery

Carriage for _____

" " _____

" " _____

Carriages at Funeral, *5*Death Notices in *Dailies*

Goods ordered by *Dennis Dillworth*Bill charged to *Dennis Dillworth*

DR.

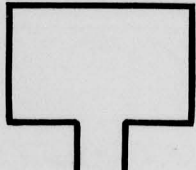
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Date of Death, Jan 8th 1905 Color White Age { 65 Years.
 Name of Deceased, Mrs. Muehan Months
 Days.
 Place of death, City Farm Street, South Ashland Ward No.
 Residence, " " Sex, Female Single, — Married, —
 Occupation, none Wife of —
 Birth-place, Ireland Widow of Muehan
 Name of Father, His Birth-place, *
 Maiden Name { Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Duration,
 Cause of death, { Secondary, Heart Disease Duration,
 Certifying Physician, J. R. Habbie His Residence, East Main St
 Place of burial, Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis Church at 9 & M
 Time of Services, 10:00 o'clock
 Date of Interment, Jan 11 - 11th 1905 Diagram of }
placed in tomb Burial Lot. } 
 † State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

Casket or Coffin Number, <u>1210</u>	Candles, <u>4 lbs</u>
Size, <u>5' 9"</u> Made by <u>National</u>	Gloves, <u>a pair</u>
Lining, <u>puffed satin</u>	Hearse to <u>best</u> Cemetery
Handles, <u>Latin bar & sel</u>	Carriage for
Plate, <u>Silver</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Blk cash</u>	Carriages at Funeral, <u>5-</u>
Preserving Body with <u>Cera ustina</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Jan 5-05</u>	
Shaving, <u>none</u>	
Services,	
Use of Chairs, <u>24</u>	Goods ordered by <u>Mr. John Coates</u>
Cemetery Fee, <u>none</u>	Bill charged to <u>Mrs. Coates</u>

DR.

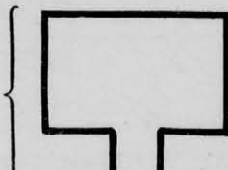
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.

Date of Death, Jan 9th 1905 Color White Age { 52 Years.
Patrick Hynes Months.
 Name of Deceased, Patrick Hynes Days.
 Place of death, Leather St Street, Ward No.
 Residence, 18 E. 11 Sex, Male Single, Married
 Occupation, None Wife of —
 Birth-place, Ireland Widow of —
 Name of Father, — His Birth-place, *
 Maiden Name }
 of Mother, } Her Birth-place, *
 Cause of death, } Primary, — Duration, —
 Cause of death, } Secondary, Pneumonia Duration, —
 Certifying Physician, J. J. Riley His Residence, Main St
 Place of burial, West Rutland Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at St Francis Church
 Time of Services, 6:15 A.M.
 Date of Interment, Jan 11th 1905 Diagram of Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>6812</u>	Candles, <u>4 lbs</u>
Size, <u>54 1/2</u> Made by <u>Thurman</u>	Gloves, <u>6 Pair</u>
Lining, <u>Cream Satin</u>	Hearse to <u>Debat</u> Cemetery
Handles, <u>SP Cloth bar</u>	Carriage for
Plate, <u>Silver</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>Esco cavity</u>	Death Notices in <u>Debat</u>
Washing and Dressing, <u>Jan 9 - 05</u>	
Shaving, <u>—</u>	
Services, <u>to Debat</u>	
Use of Chairs, <u>24</u>	Goods ordered by <u>Mrs Hynes</u>
Cemetery Fee, <u>none</u>	Bill charged to <u>"</u>

DR.

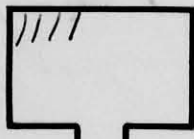
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.

Date of Death, Jan 20th 1905 Color † White Age { 28 Years.
Name of Deceased, Daniel Sullivan Months
Place of death, St Beth Adams Street, 15 Leuther Ward No. Days.
Residence, " Sex, Male Single, Single Married, —
Occupation, None Wife of —
Birth-place, North Adams Widow of —
Name of Father, Michael Sullivan His Birth-place, *
Maiden Name } Julia Sullivan Her Birth-place, *
of Mother, }
Cause of death, } Primary, — Duration, —
Cause of death, } Secondary, Leupus Duration, —
Certifying Physician, Dr Curran His Residence, 63 East
Place of burial, St Josephs Cemetery, Lot or Grave No. 4 Section No. —
Funeral Services at Mary St Francis Church
Time of Services, at 9 AM
Date of Interment, Jan 28th 1905 Diagram of }
in Tomb }  }
† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>8168 1/2</i>	Candles, <i>6 lbs</i>
Size, <i>5 1/6 S B</i> Made by <i>Florence</i>	Gloves, <i>a Pair</i>
Lining, <i>fine satin</i>	Hearse to <i>town runners</i> Cemetery
Handles, <i>Silver</i>	Carriage for
Plate, <i>" "</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>B B C</i>	Carriages at Funeral, <i>5</i>
Preserving Body with <i>Coco Carity</i>	Death Notices in <i>Dailies</i>
Washing and Dressing, <i>Jan 20-03</i>	
Shaving, <i>" " "</i>	
Services, <i>to tomb</i>	
Use of Chairs, <i>24</i>	Goods ordered by <i>Mrs Sullivan</i>
Cemetery Fee, <i>none</i>	Bill charged to <i>" "</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. /

FOR THE FUNERAL OF

Total to Date.....

Date of Death, January 3 1906 Color † White Age { 3 Years.
Name of Deceased, Thomas Whalen { 3 Months.
Place of death, Bright Side, Holyoke Street, Ward No. Days.
Residence, " " Sex, Male Single, Single Married,
Occupation, None Wife of —
Birth-place, No Adams Mass Widow of —
Name of Father, Thomas Whalen His Birth-place, * No Adams Mass
Maiden Name } Anna Rogers Her Birth-place, * No Adams Mass
of Mother, }
Cause of death, { Primary, Whooping Cough Duration, few days
Cause of death, { Secondary, " Duration, "
Certifying Physician, Holyoke Physician His Residence, Unknown
Place of burial, No Adams Mass Hillside Cemetery, Lot or Grave No. Section No.
Funeral Services at Corniskey's Rooms
Time of Services, 2.30 P.M. January 4, '06
Date of Interment, January 4 1906
† State whether *White* or *Black*. * Insert *Town* and *State*.

† State whether *White* or *Black*.

* Insert *Town* and *State*.

Casket or Coffin Number, 3025
Size, 2/3 Made by National
Lining, white satin
Handles, box
Plate, Our Darling
Outside Box, fine
Burial robe, own clothes
Preserving Body with cavity filled
Washing and Dressing, -
Shaving, none
Services, ..
Use of Chairs, 1 dg.
Cemetery Fee, .

Candles,.....*Rose*
Gloves,....."
Hearse to.....".....Cemetery
Carriage for.....*Family*
" ".....
" ".....
Carriages at Funeral,.....*Two*
Death Notices in.....*Dailies*

Goods ordered by.....*Mrs Thos Wheeler*
Bill charged to.....

DR.

CR.

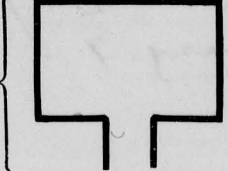
[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....?

Date of Death, January 9th 1906 Color † White Age { 73 Years.
 Name of Deceased, Johanna Drivins Months.
 Place of death, No Adams City Tenn Street, South Oakland Ward No. Days.
 Residence, " " Sex, female Single, Married, Widowed
 Occupation, None Wife of Edward Drivins
 Birth-place, Ireland Widow of " "
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name } " Her Birth-place, * "
 of Mother, }
 Cause of death, { Primary, Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, C. J. Curran His Residence, Eight St City
 Place of burial, Hillside No Adams Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis Church
 Time of Services, 10:15 A. M. January 11th 1906
 Date of Interment, January 11 1906 Diagram of }
 Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether *White* or *Black*. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>2 lb</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>6 P. black</u>
Lining, <u>Medium</u>	Hearse to <u>Hillside Cemetery</u>
Handles, <u>Up</u>	Carriage for <u>Friends</u>
Plate, " "	" " " "
Outside Box, <u>Pine</u>	" " " "
Burial robe, <u>Black</u>	Carriages at Funeral, <u>Two</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, " "	
Shaving, " "	
Services, " "	
Use of Chairs, <u>1 doz chairs</u>	Goods ordered by <u>Peter Leonard</u>
Cemetery Fee, " "	Bill charged to <u>Wm Cooney Northampton</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 4

Date of Death, January 13 1906 Color † White Age { Years.
 Months.
 Days.
Name of Deceased, William Brew
Place of death, No Adams Mass Street, 59 River Ward No.
Residence, River St No Adams Sex, Male Single, Married, Married
Occupation, Labourer Wife of
Birth-place, Ireland Widow of
Name of Father, Hugh Brew His Birth-place, * Ireland
Maiden Name } Matilda Harrison Her Birth-place, *
of Mother, {
Cause of death, } Primary, Paresis Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Wm Crofts His Residence, West Main St
Place of burial, No Adams, St Joseph's Cemetery, Lot or Grave No. Section No.
Funeral Services at St Francis Church
Time of Services, 9 A.M. January 16, 06
Date of Interment, January 16 1906 Diagram of Burial Lot. { 
† State whether White or Black. * Insert Town and State.

Casket or Coffin Number,.....	# 62	Candles,.....	4 lbs
Size, $\frac{5}{6}$	Made by Florence	Gloves,.....	6 pair black
Lining,.....	White Satin	Hearse to.....	St Joseph's Cemetery
Handles,.....	Sil	Carriage for.....	
Plate,.....	"	" "	
Outside Box,.....	Pine	" "	
Burial robe,.....	own suit	Carriages at Funeral,.....	6
Preserving Body with.....	Art & Car	Death Notices in.....	Dailies
Washing and Dressing,.....	Jan 13		
Shaving,.....	" "		
Services,.....			
Use of Chairs,.....	24	Goods ordered by.....	Mrs Green
Cemetery Fee,.....		Bill charged to.....	" "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date. 5

Date of Death, January 25 190 6 Color White Age { 4 Years.
4 Months.
4 Days.
 Name of Deceased, Frances Evelyn Whelan
 Place of death, No Adams Mass Street, # 70 Vesey Ward No. 2
 Residence, Sex, female Single, Single Married,
 Occupation, Widow Wife of
 Birth-place, No Adams Mass Widow of
 Name of Father, Thomas Whelan His Birth-place, * Ireland
 Maiden Name } Mary Whelan Her Birth-place, *
 of Mother, {
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, W. W. F. McGath His Residence, Holmes St.
 Place of burial, No Adams, St. Joseph's Cemetery, Lot or Grave No. Section No.
 Funeral Services at Home
 Time of Services, 2 P.M. Jan. 26, 06
 Date of Interment, January 26 190 6 Diagram of }
 Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 5</u>	Candles, <u>2 lb</u>
Size, <u>2 1/2 ft.</u> Made by <u>Filomena</u>	Gloves, <u>Wool</u>
Lining, <u>White Satin</u>	Hearse to <u>"</u> Cemetery
Handles, <u>Sil. Lamb.</u>	Carriage for <u>family</u>
Plate, <u>Gold Darling</u>	" " " "
Outside Box, <u>Pine</u>	" " " "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>Two</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Wailers</u>
Washing and Dressing, <u>Jan. 25-06</u>	
Shaving,	
Services, <u>None</u>	
Use of Chairs, <u>Wool</u>	Goods ordered by <u>Thomas Whelan</u>
Cemetery Fee,	Bill charged to <u>"</u>

DR.

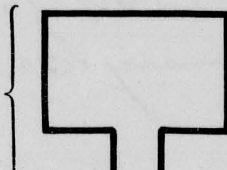
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....7

Date of Death, January 22 1906 Color White Age { about 50 Years.
 Name of Deceased, Sarah J. Hara Months.
 Place of death, Holland River No. Adams Street, Ward No. Days.
 Residence, Cohoes N. Y. Sex, female Single, Married, Married
 Occupation, Weaver Wife of John J. Hara
 Birth-place, Scotland Widow of
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, } Primary, Suicide by drowning Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, U. J. Brown His Residence, Church St.
 Place of burial, No. Adams South View Cemetery, Lot or Grave No. 653 Section No. I. m.
 Funeral Services at Connors Parlor
 Time of Services, 2.30 P. M.
 Date of Interment, January 30 1906 Diagram of }
 Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 1</u>	Candles, <u>None</u>
Size, <u>5/6</u> Made by <u>Florence</u>	Gloves, <u>"</u>
Lining, <u>White crepe</u>	Hearse to <u>"</u> Cemetery
Handles, <u>Nickle bar</u>	Carriage for <u>"</u>
Plate, <u>Sil</u>	" "
Outside Box, <u>None</u>	" "
Burial robe, <u># 0 robe</u>	Carriages at Funeral,
Preserving Body with <u>air & cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Jan. 29 06</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>City of Adams</u>
Cemetery Fee,	Bill charged to <u>City of No. Adams</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... 8

Date of Death, January 31, 1906 Color † White Age { 1 Years.
4 Months
25 Days.
 Name of Deceased, Catharine Adams
 Place of death, No Adams Mass Street, 39 Wesleyan Ward No.
 Residence, " " Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, No Adams Mass Widow of
 Name of Father, John Adams His Birth-place, * Ireland
 Maiden Name of Mother, Alice Hope Her Birth-place, * " "
 Cause of death, { Primary, Duration,
 Secondary, Duration,
 Certifying Physician, Dr Curran His Residence, Essex St.
 Place of burial, St Josephs Cemetery, Lot or Grave No. Section No.
 Funeral Services at Grand
 Time of Services, 3 P M. Feb. 1 '06.
 Date of Interment, Feb. 1 st, 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 | for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <u># 5</u>	Candles, <u>2 lbs</u>
Size, <u>2/9</u> Made by <u>Felton</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to Cemetery
Handles, <u>Sil bar</u>	Carriage for
Plate, <u>own handling</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>Two</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Knights</u>
Washing and Dressing, <u>Jan. 31 '06</u>	
Shaving,	
Services,	
Use of Chairs, <u>12</u>	Goods ordered by <u>Mrs Adams</u>
Cemetery Fee,	Bill charged to " "

Dr.

Cr.

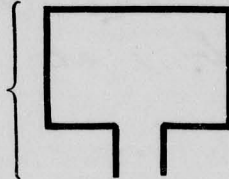
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....9.....

Date of Death, Feb. 4th 1906 Color White Age { 57 Years.
 Name of Deceased, Catharine Kirley { Months.
 Place of death, No Adams Mass Street, 38 Wesleyan Ward No.
 Residence, " " Sex, female Single, Widow Married,
 Occupation, Housewife Wife of James Kirley
 Birth-place, Ireland Widow of " "
 Name of Father, John Sullivan His Birth-place, * Ireland
 Maiden Name of Mother, Margaret Abbott Her Birth-place, *
 Cause of death, { Primary, cancer of liver Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. M. G. Smith His Residence, Holden St.
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St Francis Church
 Time of Services, 9 A.M. Feb. 6th
 Date of Interment, Feb. 6 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>5010 H. 6</u>	Candles, <u>4 lbs</u>
Size, <u>5/9</u> Made by <u>Natural</u>	Gloves, <u>6 pr black</u>
Lining, <u>White Silk</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil & Satin</u>	Carriage for
Plate, <u>Sil</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>8</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Feb. 4th</u>	
Shaving,	
Services,	
Use of Chairs, <u>24</u>	Goods ordered by <u>Liam & William Kirley</u>
Cemetery Fee,	Bill charged to " " "

DR.

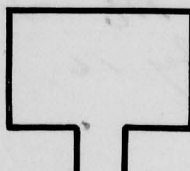
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... 10

Date of Death, Feb 13 190 6 Color † White Age { 8 Years.
— Months.
— Days.
Name of Deceased, Emma Martin
Place of death, No Adams Hospital Street, — Ward No. —
Residence, 2 Adams St No Adams Sex, female Single, single Married, —
Occupation, Widow Wife of —
Birth-place, No Adams Mass Widow of —
Name of Father, William D Martin His Birth-place, * South Hartford Ct. G.
Maiden Name of Mother, } Emma Marco Her Birth-place, * No Adams Mass
Cause of death, { Primary, burned Duration, few hours
Cause of death, { Secondary, — Duration, —
Certifying Physician, Dr Curran His Residence, Essex
Place of burial, No Adams South Vin Cemetery, Lot or Grave No. — Section No. —
Funeral Services at Notre Dame Church
Time of Services, 2.30 P.M. Feb. 15 06
Date of Interment, — 190 — Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 5</u>	Candles, <u>2 lbs</u>
Size, <u>4 1/3 ft</u> Made by <u>J. Brown</u>	Gloves, <u>None</u>
Lining, <u>White Satin</u>	Hearse to <u>South Vin Cemetery</u>
Handles, <u>Sil. bar</u>	Carriage for <u>—</u>
Plate, <u>Real darling</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>White dress</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Hailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>2 doz.</u>	Goods ordered by <u>William D Martin</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....11

Date of Death, Feb 14 1906 Color White Age 15 Years. 2 Months. — Days.

Name of Deceased, Catharine Kewan

Place of death, No Adams Mass Street, High St Ward No.

Residence, " Sex, female Single, Single Married, —

Occupation, Student Wife of —

Birth-place, No Adams Mass Widow of —

Name of Father, Thomas Kewan His Birth-place, * Ireland

Maiden Name of Mother, Mary Fitzsimmons Her Birth-place, * Birmingham, Vt.

Cause of death, { Primary, — Duration, —

Cause of death, { Secondary, — Duration, —

Certifying Physician, Dr Crofts His Residence, West Main St

Place of burial, No Adams South V Cemetery, Lot or Grave No. Section No.

Funeral Services at St Francis Church

Time of Services, 9 A. M. Feb 16, '06

Date of Interment, Feb 16 1906

Diagram of
Burial Lot. }Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>S. G. L. S.</u>	Candles, <u>4 lbs</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>6 pr gray</u>
Lining, <u>White Silk</u>	Hearse to <u>South View Cemetery</u>
Handles, <u>Sil</u>	Carriage for <u>—</u>
Plate, <u>—</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>put & cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Feb 14 '06</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>2 doz</u>	Goods ordered by <u>Mrs Boland</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>Michael Boland</u>

DR.

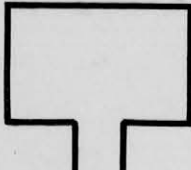
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....12

Date of Death, Feb. 14 190 6 Color White Age { 69 Years.
4 Months.
4 Days.
 Name of Deceased, Bridget A. Ostryer
 Place of death, No. Adams Mass Street, #4 Barth Ward No.
 Residence, Sex, female Single, Married, Married
 Occupation, House wife Wife of Louis A. Ostryer
 Birth-place, Ireland Widow of
 Name of Father, Simon Cunningham His Birth-place, * Ireland
 Maiden Name } Unknown Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Brain Stroke Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, C. J. Curran His Residence, Essex St.
 Place of burial, St. Francis Church Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis Church
 Time of Services, 9. A. M. Feb. 17.06
 Date of Interment, Feb. 17 190 6 Diagram of }
 Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>4-6 B.B.C.</u>	Candles, <u>5 lb.</u>
Size, <u>5/9 extra</u> Made by <u>Filmer</u>	Gloves, <u>6 pr black</u>
Lining, <u>White Satin</u>	Hearse to <u>South View Cemetery</u>
Handles, <u>4x</u>	Carriage for
Plate,	" "
Outside Box, <u>Cherest</u>	" "
Burial robe, <u>Queen dress</u>	Carriages at Funeral, <u>6</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Mail</u>
Washing and Dressing, <u>Feb. 14.06</u>	
Shaving,	
Services, <u>High Mass</u>	
Use of Chairs, <u>24</u>	Goods ordered by <u>L. A. Ostryer</u>
Cemetery Fee,	Bill charged to

Dr.

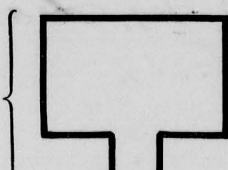
Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....23.....

Date of Death, Feb. 14 1906 Color White Age { Years.
 Months.
 Days.
Name of Deceased, Infant of John T. Fahy
Place of death, Holyoke Mass Street, Unknown Ward No.
Residence, " Sex, Male Single, Single Married,
Occupation, None Wife of
Birth-place, Easthampton Mass. Widow of
Name of Father, John T. Fahy His Birth-place, * Unknown
Maiden Name of Mother, Catharine Cummings Her Birth-place, * "
Cause of death, { Primary, Duration,
Cause of death, { Secondary, Duration,
Certifying Physician, Holyoke Physician His Residence, "
Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. Section No.
Funeral Services at Grave
Time of Services, Feb. 16. 11. 2.30 P.M.
Date of Interment, " 1906 Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>N Plush</u>	Candles, <u>2 lbs</u>
Size, <u> </u> Made by <u>National</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u> </u> Cemetery <u> </u>
Handles, <u>Sil</u>	Carriage for <u> </u>
Plate, <u>"</u>	" " <u> </u>
Outside Box, <u>Pine</u>	" " <u> </u>
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>Two</u>
Preserving Body with <u>Preservation</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u>1 doz.</u>	Goods ordered by <u>John T. Fahy</u>
Cemetery Fee, <u> </u>	Bill charged to <u>John T. Fahy</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date..... 14

Date of Death, Feb. 16 1906 Color White Age 3 Years. 2 Months. — Days.

Name of Deceased, Florence Hill

Place of death, No Adams Mass Street, Road 131 State Ward No. —

Residence, — Sex, female Single, Single Married, —

Occupation, Hom Wife of —

Birth-place, No Adams Mass Widow of —

Name of Father, Herbert Hill His Birth-place, * Michigan

Maiden Name } Helen Connor Her Birth-place, * Powder Vt.
of Mother, }

Cause of death, } Primary, Pneumonia Duration, —

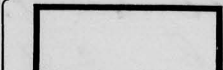
Cause of death, } Secondary, — Duration, —

Certifying Physician, Dr Bushnell His Residence, Union St.

Place of burial, No Adams Hillside Cemetery, Lot or Grave No. — Section No. —

Funeral Services at Home

Time of Services, 2:30 P. M. Feb. 17

Date of Interment, Feb. 17 1906 Diagram of 

Put in the Diagram one mark like this for every Grave in it. And mark this

Casket or Coffin Number,.....	# 5	Candles,.....	None
Size,.....	5 ft.	Gloves,.....	"
Lining,.....	White Satin	Hearse to.....	Cemetery.....
Handles,.....	Sil	Carriage for.....	
Plate,.....	Und Darling	" "	
Outside Box,.....	Pine	" "	
Burial robe,.....	own dress	Carriages at Funeral,.....	Und
Preserving Body with.....	absorption	Death Notices in.....	Hailies
Washing and Dressing,.....	Feb. 16 '86		
Shaving,.....			
Services,.....			
Use of Chairs,.....	1 doz.	Goods ordered by.....	Hubert Hill
Cemetery Fee,.....		Bill charged to.....	" "

DR.

C_R.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 15

Date of Death, Feb 21 1906 Color White Age 56 Years.
 Name of Deceased, George H. Lee Months.
 Place of death, Woburn Mass Street, 23 Chestnut Ward No. Days.
 Residence, " " Sex, Male Single, Widowed Married.
 Occupation, Painter Wife of
 Birth-place, Greenwich N.Y. Widow of
 Name of Father, Samuel Lee His Birth-place, * Canada
 Maiden Name of Mother, Unknown Her Birth-place, * Unknown
 Cause of death, } Primary, Pneumonia Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, W. Stafford His Residence, Summer St
 Place of burial, Woburn South View Cemetery, Lot or Grave No. Section No.
 Funeral Services at Woburn Samuel Church
 Time of Services, 9:30 A.M. Feb. 23, '06
 Date of Interment, Feb 23 1906

Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>4 lbs</u>
Size, <u>5/6</u> Made by <u>National</u>	Gloves, <u>6 pr black</u>
Lining, <u>White Satin</u>	Hearse to <u>South View Cemetery</u>
Handles, <u>Sil</u>	Carriage for
Plate,	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>own suit</u>	Carriages at Funeral, <u>Six</u>
Preserving Body with <u>Caustic</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Feb 21</u>	
Shaving, " "	
Services,	
Use of Chairs, <u>2 doz</u>	Goods ordered by <u>Helen Lee</u>
Cemetery Fee,	Bill charged to " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... 16

Date of Death, Feb 22 1906 Color White Age { 22 Years.
 Name of Deceased, James L. Orsica Months
 Place of death, Blair Mine Road Street, Blair Mine Road Ward No. As thought he was married
 Residence, Road Sex, Male Single, Married, but?
 Occupation, Labourer Wife of
 Birth-place, Italy Widow of
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Killed in Mine Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Shelburne Falls Dr. His Residence,
 Place of burial, St. Adams South View Cemetery, 654 or Grave No. free Section No.
 Funeral Services at Notre Dame Church
 Time of Services, 12:30 P.M.
 Date of Interment, Feb 24 1906 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>craps</u>	Candles, <u>—</u>
Size, <u>5/9</u> Made by	Gloves, <u>—</u>
Lining, <u>Satin</u>	Hearse to <u>South View</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Black Cash.</u>	Carriages at Funeral, <u>6</u>
Preserving Body with <u>at Shelburne Falls</u>	Death Notices in <u>Blair</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>W. H. Johnson</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>W. H. Johnson</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....17

Date of Death, Feb 25 1906 Color † White Age { 11 Years.
Name of Deceased, Louis Pugliese Months.
Place of death, No Adams Mass Street, 147 Eagle St Ward No. Days.
Residence, " Sex, Male Single Married,
Occupation, None Wife of
Birth-place, No Adams Mass Widow of
Name of Father, Frank Pugliese His Birth-place, * Italy
Maiden Name } Mary Barluto Her Birth-place, * "
Cause of death, } Primary Duration,
Cause of death, } Secondary Duration,
Certifying Physician, H W Riley His Residence, Main St.
Place of burial, No Adams South Vin Cemetery, Lot or Grave No. 663 Section No.
Funeral Services at Grave
Time of Services, 3 P M May 7 '06
Date of Interment, May 7 1906

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †
Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

Casket or Coffin Number,.....	#5	Candles,.....	2 lb.
Size,.....	3/6 ft.	Gloves,.....	—
Lining,.....	White	Hearse to.....	Cemetery
Handles,.....	Sil.	Carriage for.....	
Plate,.....	Our Darling	" "	
Outside Box,.....	Pine	" "	
Burial robe,.....	own dress	Carriages at Funeral,.....	own
Preserving Body with.....	absorption	Death Notices in.....	Wailies
Washing and Dressing,.....	Feb 25 '06		
Shaving,.....			
Services,.....			
Use of Chairs,.....		Goods ordered by.....	Domnick Pugliese
Cemetery Fee,.....		Bill charged to.....	

DR.

CR.

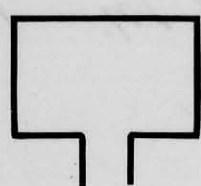
[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... / 8

Date of Death, *Feb 25* 190 *6* Color † *White* Age { *10* Years.
 Name of Deceased, *Thomas F. Adams* { Months
 Place of death, *No Adams Mass* Street, *39 Weymouth* Ward No.
 Residence, " " " Sex, *Male* Single, *Single* Married,
 Occupation, *None* Wife of
 Birth-place, *No Adams* Widow of
 Name of Father, *John Adams* His Birth-place, * *Ireland*
 Maiden Name of Mother, *Alice Hope* Her Birth-place, *
 Cause of death, { Primary, *Heart Disease* Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, *Dr Curran* His Residence, *Eagle St*
 Place of burial, *No Adams St Josephs* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *St Francis Church*
 Time of Services, *2:30 P.M., Feb 27 '06*
 Date of Interment, *Feb 27* 190 *6* Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>5</i>	Candles, <i>3 lbs.</i>
Size, <i>4/6</i> Made by <i>F. Loune</i>	Gloves, <i>4 pr white boys</i>
Lining, <i>White</i>	Hearse to <i>St Josephs Cemetery</i>
Handles, <i>Sit</i>	Carriage for
Plate, <i>"</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>own suit</i>	Carriages at Funeral, <i>Three</i>
Preserving Body with <i>Cavity</i>	Death Notices in <i>Mail</i>
Washing and Dressing, <i>Feb 25</i>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Mrs Alice Adams</i>
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 19

Date of Death, March 3 1906 Color White Age 18 Years. 10 Months. Days.

Name of Deceased, William G. Ryan

Place of death, No Adams Mass Street, 22 Main Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, Shoemaker Wife of

Birth-place, England Widow of

Name of Father, Patrick Ryan His Birth-place, * England

Maiden Name of Mother, Jane M. Mullin Her Birth-place, * "

Cause of death, } Primary, Amourhage Duration,

Cause of death, } Secondary, Duration,

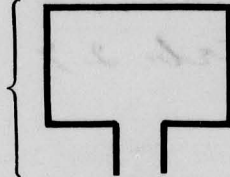
Certifying Physician, Dr M. G. Gath His Residence, Golden St

Place of burial, No Adams St Cemetery, Lot or Grave No. Section No.

Funeral Services at St Francis Church

Time of Services, 9 A.M. Mar 5 '06

Date of Interment, 190

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>S. G. # 143</u>	Candles, <u>4 lbs</u>
Size, <u>5/6</u> Made by <u>T. J. Ryan</u>	Gloves, <u>6 pr Gray</u>
Lining, <u>White</u>	Hearse to <u>Tomb Hillside Cemetery</u>
Handles, <u>Sil</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>B B G</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>fix & cavity</u>	Death Notices in <u>Wailis</u>
Washing and Dressing, <u>Mar 3 '06</u>	
Shaving, <u>" " "</u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Patrick Ryan</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

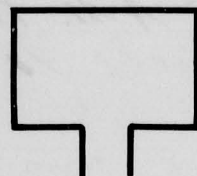
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... 20

Date of Death, March 4th 1906 Color White Age { 42 Years.
 Name of Deceased, James L. Lavery Months
 Place of death, St. Adams Hospital Street, Ward No. Days
 Residence, New Bedford Mass Sex, Male Single, Single Married,
 Occupation, Wearer Wife of
 Birth-place, Unknown Widow of
 Name of Father, " His Birth-place, *
 Maiden Name } " Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Eng. in feet & hands Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Stafford His Residence, Summer St
 Place of burial, New Bedford Cemetery, Lot or Grave No. Section No.
 Funeral Services at "
 Time of Services, Unknown
 Date of Interment, " 190 " Diagram of }
 Burial Lot. }



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Rough box</u>	Candles,
Size,	Gloves,
Lining,	Hearse to
Handles,	Cemetery
Plate,	Carriage for
Outside Box,	" "
Burial robe,	" "
Preserving Body with <u>Art & Cavity</u>	Carriages at Funeral,
Washing and Dressing, <u>Mar. 4</u>	Death Notices in <u>Wailis</u>
Shaving, <u>" "</u>	.....
Services, .....	.....
Use of Chairs,	Goods ordered by <u>O. J. Murphy</u>
Cemetery Fee,	Bill charged to <u>" "</u>

DR.

CR.

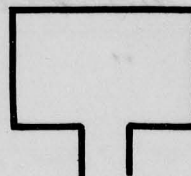
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 21

Date of Death, March 8 190 6 Color White Age about 13 Years.
 Name of Deceased, Flores Plankner Months.
 Place of death, No Adams Mass Street, 134 State Ward No. Days.
 Residence, Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, No Adams Widow of
 Name of Father, Joseph Plankner His Birth-place, * Italy
 Maiden Name of Mother, Assunta Mattoni Her Birth-place, *
 Cause of death, } Primary, Pneumonia Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Brosnan His Residence, Essex St.
 Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. Section No.
 Funeral Services at Notre Dame
 Time of Services, 10:15 A.M. Mar. 10, '06
 Date of Interment, March 10 190 6

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>013</u>	Candles, <u>4 lbs</u>
Size, <u>4/9</u> Made by <u>Florence</u>	Gloves, <u>4 Pr white</u>
Lining, <u>White</u>	Hearse to <u>St Josephs Cemetery</u>
Handles, <u>Sil</u>	Carriage for,
Plate,	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Mar. 8 '06</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Mrs Plankner</u>
Cemetery Fee,	Bill charged to,

Dr.

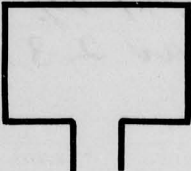
Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 22

Date of Death, March 17 190 6 Color White Age { 2 Years.
3 Months.
3 Days.
 Name of Deceased, Margaret E. Jordan
 Place of death, No Adams Street, 29 Richmond Ward No.
 Residence, " " Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, No Adams Mass Widow of
 Name of Father, Edward Jordan His Birth-place, * Canada
 Maiden Name of Mother, Mary Carey Her Birth-place, * Canada
 Cause of death, { Primary, Heart Disease Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, C. J. Curran His Residence, Eagle St.
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at Home
 Time of Services, 3 P.M. Mar 19 '06
 Date of Interment, 190 ... Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 53</u>	Candles, <u>3 lb.</u>
Size, <u>Large</u> Made by <u>T. Lorne</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>Cemetery</u>
Handles, <u>Sil</u>	Carriage for
Plate, <u>Pine</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>Aborption</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u>Mar 17 '06</u>	
Shaving,	
Services,	
Use of Chairs, <u>1 doz</u>	Goods ordered by <u>Edward Jordan</u>
Cemetery Fee,	Bill charged to <u>Edward Jordan</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 23

Date of Death, March 21, 1906 Color White Age { 22 Years.
1 Months.
26 Days.
Name of Deceased, John J. Brennan
Place of death, No Adams Hospital Street, Ward No.
Residence, Clarkburg Mass Sex, Male Single, Single Married,
Occupation, Weaver Wife of
Birth-place, Adams Mass Widow of
Name of Father, Robert Brennan His Birth-place, * Germany
Maiden Name of Mother, Mary M. Laughlin Her Birth-place, * Ireland
Cause of death, { Primary, acute indigestion Duration,
Cause of death, { Secondary, Duration,
Certifying Physician, Dr. Stafford His Residence, Summer St
Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.
Funeral Services at St Francis Church
Time of Services, 9:15 A.M. Mar 23, '06
Date of Interment, Mar 23, 1906 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>83 H. C.</u>	Candles, <u>4 lbs.</u>
Size, <u>6/8</u> Made by <u>National</u>	Gloves, <u>6 pair gray</u>
Lining, <u>White satin</u>	Hearse to <u>St. Francis</u> Cemetery
Handles, <u>oak & copper</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>B.B.C. low cut</u>	Carriages at Funeral, <u>7</u>
Preserving Body with <u>fix & cavity</u>	Death Notices in <u>Waileys</u>
Washing and Dressing, <u>Mar 21, '06</u>	
Shaving, <u>"</u>	
Services,	
Use of Chairs, <u>24</u>	Goods ordered by <u>Mrs. Busby</u>
Cemetery Fee,	Bill charged to <u>"</u>

Dr.

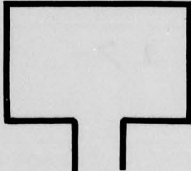
Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... 24

Date of Death, March 24 1906 Color † White Age { 1 Years.
3 Months
3 Days.
 Name of Deceased, Helen Casey
 Place of death, No Adams Mass Street, 7 Richmond Arward No.
 Residence, " " Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, Pittsfield Mass Widow of
 Name of Father, William Casey His Birth-place, * Pittsfield Mass
 Maiden Name of Mother, } Lizzie Lusk Her Birth-place, * No Adams Mass
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr Croft His Residence, West Main St.
 Place of burial, Pittsfield Mass Cemetery, Lot or Grave No. Section No.
 Funeral Services at
 Time of Services,
 Date of Interment, March 25 1906 Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>5</u>	Candles, <u>2 lbs</u>
Size, <u>3/6</u> Made by <u>Filomena</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to " Cemetery
Handles, <u>Sil</u>	Carriage for <u>Family</u>
Plate, <u>Wm Darling</u>	" " "
Outside Box, <u>Pine</u>	" " "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>And</u>
Preserving Body with <u>absorption</u>	Death Notices in
Washing and Dressing, <u>Mar 24 '06</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Mrs Elizabeth Casey</u>
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....25.....

Date of Death, March 26 1906 Color White Age 1 Years. 3 Months. Days.

Name of Deceased, Leonora E Jordan

Place of death, No Adams Mass Street, 132 State Ward No.

Residence, " " " Sex, female Single, Single Married,

Occupation, Nurse Wife of

Birth-place, No Adams Mass Widow of

Name of Father, Ralph Jordan His Birth-place, * Italy

Maiden Name of Mother, Louise Shuff Her Birth-place, * "

Cause of death, } Primary, Scarlet fever Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr M. Grath His Residence, Holden St

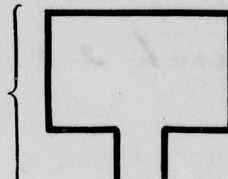
Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, Mar 27 1906

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	01 1/2	Candles,.....	2 lbs
Size,.....	2/6	Gloves,.....	—
Lining,.....	white	Hearse to,.....	Hillside, tomb Cemetery
Handles,.....	Leamb	Carriage for,.....	
Plate,.....	Good Darling	“ “	
Outside Box,.....	Pine	“ “	
Burial robe,.....	own dress	Carriages at Funeral,.....	Three
Preserving Body with,.....	absorption	Death Notices in,.....	Lailies
Washing and Dressing,.....	Mar. 24, '06		
Shaving,.....			
Services,.....			
Use of Chairs,.....		Goods ordered by,.....	Ralph Jordan
Cemetery Fee,.....		Bill charged to,.....	“ “

DR.

CR.

[illegible]

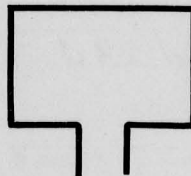
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... 26

Date of Death, March 28 1906. Color † White Age { 37 Years.
— Months
— Days.
Name of Deceased, Thomas F. Hanley
Place of death, No Adams Mass. Street, 237 River St. Ward No.
Residence, " " " Sex, Male Single, " Married, Married
Occupation, Butcher Wife of
Birth-place, No Adams Mass Widow of
Name of Father, John Hanley His Birth-place, * Ireland
Maiden Name of Mother, Margaret Lacey Her Birth-place, * "
Cause of death, { Primary, Duration,
Secondary, Duration,
Certifying Physician, Dr M. Grath His Residence, Holden St.
Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
Funeral Services at St Francis Church.
Time of Services, 9 AM Mar 30 '06
Date of Interment, March 30 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>62</u>	Candles, <u>4 lbs</u>
Size, <u>5 1/2</u> Made by <u>Telomae</u>	Gloves, <u>6 pr black</u>
Lining, <u>white satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>B.B. Co. 946 10</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>fit & cavity</u>	Death Notices in <u>Hailies</u>
Washing and Dressing, <u>Mar 28 '06</u>	
Shaving, <u>" " "</u>	
Services, <u>24</u>	
Use of Chairs,	Goods ordered by <u>Mrs Hanley</u>
Cemetery Fee,	Bill charged to <u>" "</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 27

Date of Death, March 30 190 6 Color White Age { 12 hours Years. Months. Days.

Name of Deceased, Olivia Surprise

Place of death, No Adams Mass Street, #1 Turnach Ward No.

Residence, " " " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, Henry Surprise His Birth-place, * No Adams Mass

Maiden Name of Mother, } Lillie Laronger Her Birth-place, * Port Henry N.Y.

Cause of death, { Primary, Pneumonia Duration,

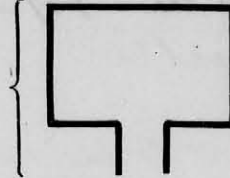
Cause of death, { Secondary, Duration,

Certifying Physician, Dr Russell His Residence, River St.

Place of burial, No Adams South View Cemetery, Lot or Grave No. Section No.

Funeral Services at,

Time of Services,

Date of Interment, Mar 30 190 6Diagram of
Burial Lot. }

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># P.K. 52</u>	Candles, <u>None</u>
Size, <u>23 in</u> Made by <u>Wolley & Son</u>	Gloves, <u>"</u>
Lining, <u>cheap</u>	Hearse to <u>"</u> Cemetery
Handles, <u>imitation</u>	Carriage for <u>"</u>
Plate, <u>real leading</u>	" "
Outside Box, <u>None</u>	" "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>None</u>	Death Notices in <u>Dailies</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Henry Surprise</u>
Cemetery Fee,	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... 28

Date of Death, April 3 190 6 Color White Age { 68 Years. 11 Months. Days.

Name of Deceased, Catharine Mellis

Place of death, No Adams Mass Street, 376 Union St Ward No.

Residence, " " Sex, female Single, Married

Occupation, Widow Wife of George S. Milles

Birth-place, Adams Mass Widow of

Name of Father, Madderson Carpenter His Birth-place, * No Adams Mass

Maiden Name of Mother, } Mary Kendall Her Birth-place, * Gilford Vt.

Cause of death, { Primary, Duration,

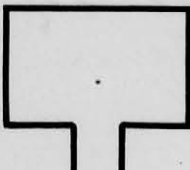
Cause of death, { Secondary, Duration,

Certifying Physician, W. S. Bushnell His Residence, Union St.

Place of burial, Adams Mass Cemetery, Lot or Grave No. Section No.

Funeral Services at House

Time of Services, 2 P. M. April 5 '06

Date of Interment, April 5 190 6 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>None</u>
Size, <u>6</u> Made by <u>National</u>	Gloves, <u>6 P. Black</u>
Lining, <u>White Satin</u>	Hearse to <u>Adams Cemetery</u>
Handles, <u>Px</u>	Carriage for
Plate,	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>Three</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Ladies</u>
Washing and Dressing, <u>Apr 3, '06</u>	
Shaving,	
Services,	
Use of Chairs, <u>24</u>	Goods ordered by <u>Mrs Annie White</u>
Cemetery Fee,	Bill charged to " " " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 29

Date of Death, April 8 190 6 Color White Age { 38 Years.
 Name of Deceased, Rossanna Horan Months.
 Place of death, No Adams Mass Street, 394 Eagle St Ward No. Days.
 Residence, No Adams Mass Sex, Female Single, Married, Married
 Occupation, Housewife Wife of Sidney Horan
 Birth-place, Shaftsbury Vt Widow of
 Name of Father, Harriet O Connell His Birth-place, * Ireland
 Maiden Name of Mother, { Catharine Kidd Her Birth-place, *
 Cause of death, { Primary, Tuberculosis Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Geo Tragon His Residence, Center St
 Place of burial, No Adams St Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis Church
 Time of Services, 9 A M April 10 '06
 Date of Interment, April 10 190 6

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number,			Candles,		
Size,	Made by		Gloves,		
Lining,			Hearse to	Cemetery	
Handles,			Carriage for		
Plate,			" "		
Outside Box,			" "		
Burial robe,			Carriages at Funeral,		
Preserving Body with			Death Notices in		
Washing and Dressing,					
Shaving,					
Services,					
Use of Chairs,			Goods ordered by <u>Sidney Horan</u>		
Cemetery Fee,			Bill charged to		

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....3/

Date of Death, April 15 1906 Color Black Age 11 Years. 5 Months. 0 Days.

Name of Deceased, Alexander Ellis

Place of death, No Adams Mass Street, Richmond Ave Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Carolina Widow of

Name of Father, William Ellis His Birth-place, * Lexington No Carolina

Maiden Name of Mother, } Lavinia Ellis Her Birth-place, * "

Cause of death, } Primary, Meningitis Duration,

Cause of death, } Secondary, Duration,

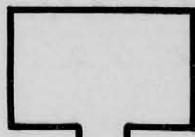
Certifying Physician, Dr Crafts His Residence, W Main St

Place of burial, No Adams South Union Cemetery, Lot or Grave No. Section No.

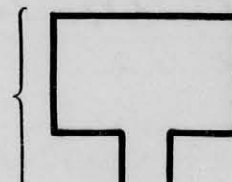
Funeral Services at at home

Time of Services, 3 P M April 17 1906

Date of Interment, April 17 1906

Diagram of Burial Lot. } 

† State whether White or Black. * Insert Town and State.



Put in the Diagram one mark like this **‡** for every Grave in it. And mark *this* Burial with double dagger thus: **‡**

Designate site of Monument thus:

Casket or Coffin Number,.....	1 coffin	Candles,.....	
Size, 5 ft. Made by Florence		Gloves, 4 Pk Black	
Lining, White		Hearse to Southview Cemetery	
Handles, Sil		Carriage for.....	
Plate, 7		" "	
Outside Box, Pine		" "	
Burial robe, Black Lace		Carriages at Funeral,.....	
Preserving Body with salt & cavity		Death Notices in Daily	
Washing and Dressing, Apr 15 '84			
Shaving,.....			
Services,.....			
Use of Chairs,.....		Goods ordered by William Ellis	
Cemetery Fee,.....		Bill charged to.....	

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 33

Date of Death, April 21 190 6 Color White Age 54 Years. 33 Months. 33 Days.

Name of Deceased, Mary Hogan

Place of death, No Adams Mass Street, 189 Ashland Ward No.

Residence, Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, John Hogan His Birth-place, * Ireland

Maiden Name of Mother, Rhoda Donnelly Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

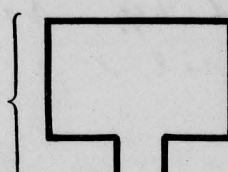
Certifying Physician, Riley His Residence, Main St.

Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at, St Francis Church

Time of Services, 1200 A M April 23 06

Date of Interment, April 23 190 6

Diagram of Burial Lot. } 

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Sil Gray P.</u>	Candles, <u>4 lbs</u>
Size, <u>5/9</u> Made by <u>Bristol</u>	Gloves, <u>4 pr gray</u>
Lining, <u>White Satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>White Mania</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Apr 21 06</u>	
Shaving,	
Services,	
Use of Chairs, <u>24</u>	Goods ordered by <u>Rhoda Hogan</u>
Cemetery Fee,	Bill charged to <u>Rhoda</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date..... 34

Date of Death, May 1 1906 Color † White Age { Years.
 Months.
 Days.
Name of Deceased, Fernal infant of Angelo Galles
Place of death, No Adams Mass Street, 19 Ryan's Lane Ward No.
Residence, " Sex, female Single, Single Married,
Occupation, None Wife of
Birth-place, No Adams Mass Widow of
Name of Father, Angelo Galles His Birth-place, * Italy
Maiden Name } Ruby Pachette Her Birth-place, * "
of Mother, {
Cause of death, } Primary, Stillborn Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Dr Riley His Residence, Main St.
Place of burial, No Adams South View Cemetery, Lot or Grave No. 662 Section No.
Funeral Services at None
Time of Services, "
Date of Interment, May 1 1906 Diagram of)

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	1	Candles,.....	None
Size,.....	1/9	Gloves,.....	"
Lining,.....	White plain	Hearse to.....	Cemetery.....
Handles,.....	Imitation	Carriage for.....	"
Plate,.....	None	" "	
Outside Box,.....	"	" "	
Burial robe,.....	own dress	Carriages at Funeral,.....	"
Preserving Body with.....	None	Death Notices in.....	"
Washing and Dressing,.....	"		
Shaving,.....	"		
Services,.....	"		
Use of Chairs,.....		Goods ordered by.....	Angelo Spallone
Cemetery Fee,.....		Bill charged to.....	"

DR.

CR.

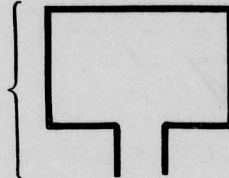
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....35

Date of Death, May 2 190 6 Color White Age { 28 Years.
— Months.
— Days.
 Name of Deceased, Fred Sullivan
 Place of death, New York City Street, _____ Ward No. _____
 Residence, No Adams Mass Sex, Male Single, Single Married, _____
 Occupation, Merchant Wife of _____
 Birth-place, No Adams Mass Widow of _____
 Name of Father, Dennis Sullivan His Birth-place, * Ireland
 Maiden Name of Mother, { Bridget Slattery Her Birth-place, * _____
 Cause of death, { Primary, Tuberculosis Duration, _____
 Cause of death, { Secondary, _____ Duration, _____
 Certifying Physician, Dr Stuart His Residence, New York City
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. _____ Section No. _____
 Funeral Services at St Francis Church
 Time of Services, 9 A M May 4 '06
 Date of Interment, May 4 190 6

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, _____	Candles, <u>4 lbs</u>
Size, <u>6/8</u> Made by <u>National</u>	Gloves, <u>6 in gray</u>
Lining, <u>White Satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Old Sil</u>	Carriage for _____
Plate, _____	" " _____
Outside Box, <u>Chamut</u>	" " _____
Burial robe, <u>own suit</u>	Carriages at Funeral, <u>12</u>
Preserving Body with <u>New York</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, <u>48</u>	Goods ordered by <u>John Sullivan</u>
Cemetery Fee, _____	Bill charged to <u>William B Sullivan</u>

DR.

CR.

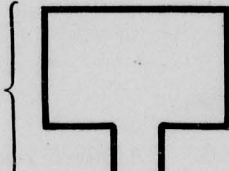
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 37

Date of Death, May 4 1906 Color White Age 70 Years.
 Name of Deceased, James McManus Months.
 Place of death, Briggsville Street, _____ Ward No. _____ Days.
 Residence, _____ Sex, Male Single, Widow Married, _____
 Occupation, None Wife of _____
 Birth-place, Ireland Widow of _____
 Name of Father, Unknown His Birth-place, * Ireland
 Maiden Name } _____ Her Birth-place, * _____
 of Mother, } _____
 Cause of death, } Primary, _____ Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. M. J. Grath His Residence, _____
 Place of burial, Horsick Falls, N.Y. Cemetery, Lot or Grave No. _____ Section No. _____
 Funeral Services at St. Francis Church
 Time of Services, 9 A.M. May 7, 1906
 Date of Interment, May 7 1906

Diagram of
Burial Lot. } Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>4 lbs.</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>6 Pk black</u>
Lining, <u>White</u>	Hearse to <u>Depot</u> Cemetery
Handles, <u>Sil</u>	Carriage for _____
Plate, _____	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Blk cash</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Mail</u>
Washing and Dressing, <u>May 4, 1906</u>	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Mrs. Annie Davis</u>
Cemetery Fee, _____	Bill charged to _____

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 39

Date of Death, May 14 1906 Color † White Age { 1 Years. 4 Months. Days.

Name of Deceased, Rosa M. Llanio

Place of death, No Adams Mass Street, 434 River St Ward No.

Residence, " " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, Samuel Llanio His Birth-place, * Manding, Vt

Maiden Name of Mother, Esther Wade Her Birth-place, * No Adams Mass

Cause of death, { Primary, Duration,
Secondary, Duration,

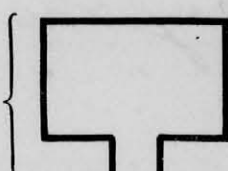
Certifying Physician, Dr Bushnell His Residence, Union St

Place of burial, No Adams, Advent Cemetery, Lot or Grave No. Section No.

Funeral Services at Home

Time of Services, 2.30 P.M. May 15 06

Date of Interment, May 15 1906

Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

Casket or Coffin Number, <u>3025</u>	Candles, <u>None</u>
Size, <u>P.A.</u> Made by <u>National</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u>and family</u>
Plate, <u>One darling</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Waiver</u>
Washing and Dressing, <u>May 14 06</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Samuel Llanio</u>
Cemetery Fee,	Bill charged to <u>"</u>

Dr.

Cr.

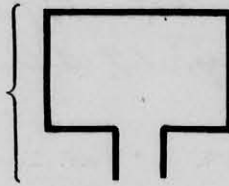
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 41

Date of Death, May 19 1906 Color White Age 35 Years.
 Name of Deceased, James Peter Boulger Months.
 Place of death, No Adams Mass Street, 14 Nelson Ward No. Days.
 Residence, " " " Sex, Male Single, " Married, Married
 Occupation, Labour Wife of
 Birth-place, No Adams Mass Widow of
 Name of Father, John Boulger His Birth-place, * Ireland
 Maiden Name of Mother, Slatery Her Birth-place, *
 Cause of death, } Primary, Tuberculosis Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr M. Gath His Residence, Holden St.
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis Church
 Time of Services, 9 A M. May 22 06
 Date of Interment, May 22 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>11</u>	Candles, <u>6 lb.</u>
Size, <u>6/6</u> Made by <u>National</u>	Gloves, <u>6 pair gray</u>
Lining, <u>White Satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>old coffin swell</u>	Carriage for
Plate, <u>" " square</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>B B C.</u>	Carriages at Funeral,
Preserving Body with <u>Art. & cavity</u>	Death Notices in <u>Hailis</u>
Washing and Dressing, <u>May 19 06</u>	
Shaving, <u>" " "</u>	
Services,	
Use of Chairs, <u>24</u>	Goods ordered by <u>Mrs Boulger</u>
Cemetery Fee,	Bill charged to <u>" "</u>

Dr.

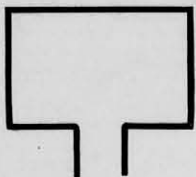
Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....42

Date of Death, June 8 1906 Color † White Age { 6 Years.
Name of Deceased, Arthur Cardinal Months
Place of death, Stamford Vt., Street, Ward No. 6 Home, Days.
Residence, " Sex, Male Single, Single Married,
Occupation, None Wife of
Birth-place, Stamford Vt., Widow of
Name of Father, Mr. Cardinal His Birth-place, * Canada
Maiden Name of Mother, Cordelia Martin Her Birth-place, * "
Cause of death, { Primary, Premature Duration,
Cause of death, { Secondary, Duration,
Certifying Physician, Dr. Nichols His Residence, Stamford Vt.,
Place of burial, St. Adams St. Josephs Cemetery, Lot or Grave No. Section No.
Funeral Services at, None
Time of Services, "
Date of Interment, June 9 1906 Diagram of Burial Lot. {  Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †
Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this
 | for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: 

Casket or Coffin Number,.....	1	Candles,.....	None
Size,.....	1/9	Gloves,.....	"
Made by.....	Filomena	Hearse to.....	4 Cemetery
Lining,.....	white	Carriage for.....	"
Handles,.....	imitation	" "	"
Plate,.....	"	" "	"
Outside Box,.....	None	Carriages at Funeral,.....	"
Burial robe,.....	own dress	Death Notices in.....	"
Preserving Body with.....	None		
Washing and Dressing,.....	"		
Shaving,.....	"		
Services,.....	"		
Use of Chairs,.....	"	Goods ordered by.....	Max Cardinal
Cemetery Fee,.....		Bill charged to.....	"

DR.

CR.

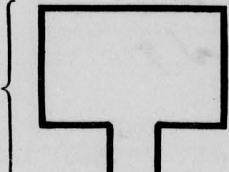
[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 43

Date of Death, June 16 190 6 Color White Age { 18 Years.
6 Months.
6 Days.
 Name of Deceased, Dominico Milesi
 Place of death, W. Adams Hospital Street, Ward No.
 Residence, Readsboro St. Sex, Male Single, Single Married,
 Occupation, Laborer Wife of
 Birth-place, Italy Widow of
 Name of Father, Calisto Milesi His Birth-place, * Italy
 Maiden Name } Unknown Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, accidental burning Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, U. J. Brown His Residence, Church St
 Place of burial, W. Adams South View Cemetery, Lot or Grave No. Section No.
 Funeral Services at Italian Church
 Time of Services, 7.30 A.M. June 17, 1906
 Date of Interment, June 17 190 6
 Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <u>1</u>	Candles, <u>None</u>
Size, <u>6/6</u> Made by <u>Florence</u>	Gloves, <u>6 P. Black</u>
Lining, <u>Double Puff</u>	Hearse to <u>South View Cemetery</u>
Handles, <u>Sil. bar</u>	Carriage for
Plate, <u>None</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Blk Lawn</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>Put & Carry</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u>June 16 06</u>	
Shaving, <u>None</u>	
Services,	
Use of Chairs,	Goods ordered by <u>Friends</u>
Cemetery Fee,	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date..... 46

Date of Death, June 20 1906 Color White Age { 74 Years.
Name of Deceased, Mary Mahoney Months.
Place of death, No Adams Street Street, Blackington Ward No. —
Residence, " " Sex, Female Single, Married, Days.
Occupation, Housewife Wife of Patrick Mahoney
Birth-place, Ireland Widow of —
Name of Father, Timothy Quinlan His Birth-place, * Ireland
Maiden Name } Mary Hurley Her Birth-place, * "
of Mother, }
Cause of death, } Primary, Paralysis Duration, 2 years
Cause of death, } Secondary, — Duration, —
Certifying Physician, Wm. Galvin His Residence, Blackington
Place of burial, No Adams Hillside Cemetery, Lot or Grave No. — Section No. —
Funeral Services at Blackington Mission Church
Time of Services, 9:40 A.M. June 22, 1906
Date of Interment, June 22 1906 Diagram of)

† State whether *White* or *Black*. * Insert *Town* and *State*.

Diagram of } 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

Casket or Coffin Number, 1211	Candles, 2 lbs
Size, 7/9	Gloves, 6 Pk black
Made by, National	Hearse to, Hillside Cemetery
Lining, White Satin	Carriage for,
Handles, Blad & Sil	" "
Plate, Sil Square	" "
Outside Box, Pine	Carriages at Funeral, 8
Burial robe, Blk Cash	Death Notices in, Hailies
Preserving Body with, Nit & Cavity	
Washing and Dressing, June 28 '06	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Mahoney Bros
Cemetery Fee,	Bill charged to, "

DR.

CR.

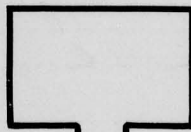
[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date..... 46

Date of Death, June 29 1906 Color White Age { 62 Years.
 Name of Deceased, William Ryan Months
 Place of death, No Adams Male Street, 58 Marshall Ward No. Days.
 Residence, " " Sex, Male Single, / Married, Married
 Occupation, Laborer Wife of
 Birth-place, Ireland Widow of
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name } of Mother, " Her Birth-place, *
 Cause of death, { Primary, Gangrene Duration, Several Months
 Cause of death, { Secondary, Duration,
 Certifying Physician, C. J. Curran His Residence, Eagle St.
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis Church
 Time of Services, 9 A M July 2 '06
 Date of Interment, July 2 1906
 Diagram of Burial Lot. {  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#83 Int oak</u>	Candles, <u>6 lbs</u>
Size, <u>6/8</u> Made by <u>National</u>	Gloves, <u>6 pr black</u>
Lining, <u>White Satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Copper</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Chesnut</u>	" "
Burial robe, <u>B B C</u>	Carriages at Funeral, <u>8</u>
Preserving Body with <u>108 & Cavity</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u>June 29 1886</u>	
Shaving, <u>" " "</u>	
Services, <u>" " "</u>	
Use of Chairs, <u>" " "</u>	
Cemetery Fee, <u>" " "</u>	Goods ordered by <u>Mrs John Ryan</u>
	Bill charged to <u>" " "</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 47

Date of Death, June 28 1906 Color White Age { 39 Years.
Months.
Days.

Name of Deceased, John Kehoe

Place of death, New York City Street, _____ Ward No. _____

Residence, _____ Sex, Male Single, _____ Married, Married

Occupation, Labrador Wife of _____

Birth-place, St. Adams Mass Widow of _____

Name of Father, Unknown His Birth-place, * _____

Maiden Name } _____ Her Birth-place, * _____
 of Mother, }

Cause of death, } Primary, _____ Duration, _____
 Cause of death, } Secondary, _____ Duration, _____

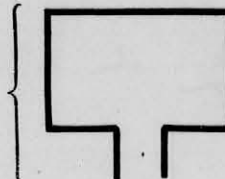
Certifying Physician, New York Dr His Residence, _____

Place of burial, St. Adams Hillside Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at St. Francis Church

Time of Services, 9 A M June 29, 06

Date of Interment, June 30 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, _____	Candles, <u>2 lbs</u>
Size, _____ Made by _____	Gloves, <u>10 Pk Gray</u>
Lining, <u>Satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for _____
Plate, _____	" " _____
Outside Box, <u>Pins</u>	" " _____
Burial robe, <u>B.B. Co.</u>	Carriages at Funeral, <u>34 3 seater</u>
Preserving Body with <u>Unknown</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>James Kehoe</u>
Cemetery Fee, _____	Bill charged to _____

DR.

CR.

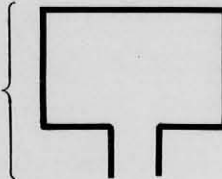
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... 48

Date of Death, July 3 190 6 Color White Age { Years.
 Name of Deceased, Joseph Caparella Months
 Place of death, W Adams Mass Street, Moulton Hill Ward No. Days.
 Residence, Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, W Adams Mass Widow of
 Name of Father, Joseph Caparella His Birth-place, * Italy
 Maiden Name of Mother, } Annella Sanders Her Birth-place, *
 Cause of death, { Primary, Stillborn Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. M. G. G. G. His Residence, Holden St.
 Place of burial, W Adams S View Cemetery, Lot or Grave No. Section No.
 Funeral Services at None

Time of Services,
 Date of Interment, July 4th 190 6Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#1</u>	Candles, <u>None</u>
Size, <u>4/4</u> Made by <u>F. Lorenz</u>	Gloves, <u>"</u>
Lining, <u>White Plain</u>	Hearse to <u>"</u> Cemetery
Handles, <u>Imitation</u>	Carriage for <u>"</u>
Plate, <u>None</u>	" " <u>"</u>
Outside Box, <u>"</u>	" " <u>"</u>
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>None</u>	Death Notices in <u>Wailers</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Joseph Caparella</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

Dr.

Cr.

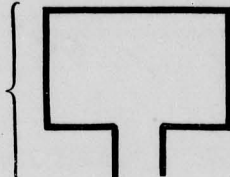
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 49

Date of Death, July 9 1906 Color White Age { 70 Years.
70 Months.
70 Days.
 Name of Deceased, Bridget Beardon
 Place of death, 10 Adams Mass Street, 680 Ashland Ward No.
 Residence, Sex, female Single, Married Married,
 Occupation, Widow Wife of William Beardon
 Birth-place, Ireland Widow of
 Name of Father, William Walsh His Birth-place, * Ireland
 Maiden Name of Mother, Bridget Walsh Her Birth-place, *
 Cause of death, { Primary, Heart disease Duration, few hours
 Cause of death, { Secondary, Duration,
 Certifying Physician, J. J. Brown His Residence, 6 Church St
 Place of burial, Pittsfield Mass Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis Church
 Time of Services, 9 A M July 11 1906
 Date of Interment, July 11 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 ‡ for every Grave in it. And mark this
 Burial with double dagger thus: ‡

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>4 lbs</u>
Size, <u>5/8</u> Made by <u>National</u>	Gloves, <u>4 Pk Black</u>
Lining, <u>Cream Double Puff</u>	Hearse to <u>Rept.</u> Cemetery
Handles, <u>Silk Satin bar</u>	Carriage for
Plate, <u>square Sil</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Blk Cash</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>4 & Cavity</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u>July 9 1906</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Timothy Beardon</u>
Cemetery Fee,	Bill charged to <u>7</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 50

Date of Death, July 12 1906 Color White Age { 2 Years. 2 Months. 2 Days.

Name of Deceased, Stanislaus Lewandowski

Place of death, Waldams Street, 28 Rand Ward No.

Residence, " " " Sex, Male Single, Single Married,

Occupation, Wagon Wife of

Birth-place, Russia Widow of

Name of Father, Joseph Lewandowski His Birth-place, * Russia

Maiden Name of Mother, Unknown Her Birth-place, * "

Cause of death, { Primary, Scarlet Fever Duration, Unknown

Cause of death, { Secondary, Duration,

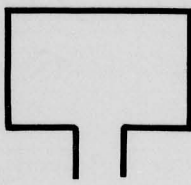
Certifying Physician, J. L. Brown His Residence, Church St.

Place of burial, Waldams St. Joseph Cemetery, Lot or Grave No. Section No.

Funeral Services at Woods

Time of Services, July 12, 06

Date of Interment, " " 1906

Diagram of Burial Lot. } 

Put in the Diagram one mark like this  for every Grave in it. And mark this  Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#1</u>	Candles, <u>None</u>
Size, <u>3/4</u> Made by <u>L. Brown</u>	Gloves, <u>"</u>
Lining, <u>White Plain</u>	Hearse to <u>White St. Joseph Cemetery</u>
Handles, <u>Sil</u>	Carriage for
Plate, <u>Cur Harding</u>	" "
Outside Box, <u>None</u>	" "
Burial robe, <u>own suit</u>	Carriages at Funeral, <u>None</u>
Preserving Body with <u>None</u>	Death Notices in <u>Trail</u>
Washing and Dressing, <u>"</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Joseph Lewandowski</u>
Cemetery Fee,	Bill charged to <u>Joseph Lewandowski</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 51

Date of Death, July 13 1906 Color White Age { 20 Years. 9 Months. Days.

Name of Deceased, W. Adams Mass

Place of death, Canada Street, 24 Harris Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, Soldier Wife of

Birth-place, Canada Widow of

Name of Father, James D. Roberts His Birth-place, * Canada

Maiden Name of Mother, Marcelina Robert Her Birth-place, * Redford N. Y.

Cause of death, { Primary, Tuberculosis Duration, 4 Months

Cause of death, { Secondary, Duration,

Certifying Physician, Dr. M. G. Gath His Residence, Holden St

Place of burial, St. Adams & View Cemetery, Lot or Grave No. Section No.

Funeral Services at Notre Dame Church

Time of Services, 7 A. M. July 15 '06

Date of Interment, July 15 1906

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 21</u>	Candles, <u>4 lbs</u>
Size, <u>6 1/2</u> Made by <u>Florence</u>	Gloves, <u>6 P. black</u>
Lining, <u>White Satin</u>	Hearse to <u>South View Cemetery</u>
Handles, <u>Sil. bar</u>	Carriage for <u></u>
Plate, <u>Sil square cast</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Black Lawn</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>477 Cavity</u>	Death Notices in <u>Herald</u>
Washing and Dressing, <u>July 13</u>	
Shaving, <u>"</u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>James D. Roberts</u>
Cemetery Fee, <u></u>	Bill charged to <u>James D. Roberts</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 53

Date of Death, July 19 190 6 Color White Age 28 Years. Months. Days.

Name of Deceased, Susanna Lapine

Place of death, McAdams Hospital Street, Ward No.

Residence, McAdams Hospital Sex, female Single, Married

Occupation, Housewife Wife of Henry Lapine

Birth-place, White Creek N. Y. Widow of

Name of Father, Hugh Murnaghan His Birth-place, * Ireland

Maiden Name of Mother, Catharine Pruita Her Birth-place, * "

Cause of death, } Primary, Peritonitis Duration, two weeks

Cause of death, } Secondary, " Duration, "

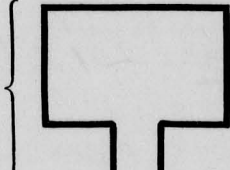
Certifying Physician, E. E. Russell His Residence, River St.

Place of burial, McAdams St. Joseph's Cemetery Lot or Grave No. Section No.

Funeral Services at St. Francis Church

Time of Services, 2:30 P. M. July 22

Date of Interment, July 22 190 6

Diagram of Burial Lot. 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>S. G. Plush</u>	Candles, <u>6 lbs</u>
Size, <u>5/6</u> Made by <u>National</u>	Gloves, <u>6 P. Gray</u>
Lining, <u>S. G. Silk</u>	Hearse to, <u>St. Joseph's Cemetery</u>
Handles, <u>Sil. bar</u>	Carriage for, <u>" "</u>
Plate, <u>Sil. Square</u>	" " <u>" "</u>
Outside Box, <u>Pine</u>	Carriages at Funeral, <u>6 & 9 seats</u>
Burial robe, <u>own dress</u>	Death Notices in <u>Dailies</u>
Preserving Body with <u>fix & cavity</u>	
Washing and Dressing, <u>July 19</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>24</u>	Goods ordered by, <u>Henry Lapine</u>
Cemetery Fee, <u>"</u>	Bill charged to, <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date... 54

Date of Death, July 24 190 6 Color White Age { 37 Years. 3 Months. Days.

Name of Deceased, James Collins

Place of death, W Adams Mass. Street, 540 State Road, Ward No.

Residence, " " " Sex, Male Single, Single Married,

Occupation, Boatman Tender Wife of

Birth-place, Cheshire Mass. Widow of

Name of Father, Daniel Collins His Birth-place, * Ireland.

Maiden Name of Mother, Ellen Fitzgerald Her Birth-place, * "

Cause of death, { Primary, Typhoid Fever, Duration, 22 days

Cause of death, { Secondary, Duration,

Certifying Physician, Dr Stafford His Residence, Sumner St.

Place of burial, W Adams St. Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at, Williamstown Church

Time of Services, 10 A M, July 26, '06

Date of Interment, July 26 190 6 Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †  Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>83 H. C.</u>	Candles, <u>4 lbs</u>
Size, <u>6/0</u> Made by <u>National</u>	Gloves, <u>6 Pr gray</u>
Lining, <u>White Satin</u>	Hearse to <u>St Joseph's Cemetery</u>
Handles, <u>oak & copper</u>	Carriage for
Plate, <u>square oak & copper</u>	" "
Outside Box, <u>Cherry</u>	" "
Burial robe, <u>own Clothes</u>	Carriages at Funeral, <u>13</u>
Preserving Body with <u>pit & cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>July 24 '06</u>	
Shaving, <u>"</u>	
Services,	
Use of Chairs, <u>24</u>	Goods ordered by <u>Daniel Collins</u>
Cemetery Fee,	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date..... 55

Date of Death, July 26 1906 Color White Age 7 Years. 1 Months. 1 Days.

Name of Deceased, Karini Toni John

Place of death, No Adams Mass Street, 324 State Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, Toni John His Birth-place, * Syria

Maiden Name of Mother, Susan George Her Birth-place, * "

Cause of death, } Primary, Heart Disease Duration, Several days

Cause of death, } Secondary, Duration,

Certifying Physician, Mr. G. L. G. L. His Residence, Holden St.

Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No. Single

Funeral Services at None

Time of Services, "

Date of Interment, July 27 1906

Diagram of Burial Lot.

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

Casket or Coffin Number, 1013	Candles, 2 lbs
Size, 2 1/2	Gloves, None
Lining, White	Hearse to Cemetery
Handles, Sil	Carriage for
Plate, Our Darling	" "
Outside Box, Pine	" "
Burial robe, own dress	Carriages at Funeral, 3
Preserving Body with absorption	Death Notices in Daily
Washing and Dressing, July 26 '06	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Tom John
Cemetery Fee,	Bill charged to "

DR.

CR.

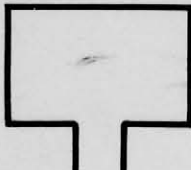
[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 56

Date of Death, July 29 190 6 Color White Age { 75 Years.
 Name of Deceased, Fredrick Stinner Months
 Place of death, Clarksburg Mass Street, Ward No.
 Residence, 89 River St Adams Sex, Male Single, Married, Married
 Occupation, Retired Wife of
 Birth-place, Germany Widow of
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Acute Indigestion Duration, few hours
 Cause of death, { Secondary, Duration,
 Certifying Physician, W. J. Brown His Residence, Church
 Place of burial, W. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at Home
 Time of Services, 2:30 P.M.
 Date of Interment, July 31 190 6 Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 11</u>	Candles, <u>None</u>
Size, <u>10/6</u> Made by <u>National</u>	Gloves, <u>6 P. Black</u>
Lining, <u>White Silk</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Old Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Own Suit</u>	Carriages at Funeral, <u>6</u>
Preserving Body with <u>Alc. & Cavity</u>	Death Notices in <u>Localities</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Mrs Whitney</u>
Cemetery Fee,	Bill charged to <u>Mrs Stinner</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 57

Date of Death, Aug 1 1906 Color White Age { Years.
 Months.
 Days.

Name of Deceased, Infant of James Cann

Place of death, St Adams Hospital Street, Ward No.

Residence, None Sex, Male Single, Single Married,

Occupation, Wife of

Birth-place, St Adams Hospital Widow of

Name of Father, James Cann His Birth-place, * Lansingburgh N.Y.

Maiden Name of Mother, Anna Meade Her Birth-place, * Ireland

Cause of death, { Primary, Stillborn Duration,

Cause of death, { Secondary, Duration,

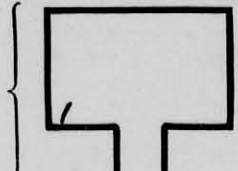
Certifying Physician, Dr Hobbie His Residence, Main St

Place of burial, St Adams St Joseph's Cemetery Lot or Grave No. 133 Section No. Foot of No. 1 grave

Funeral Services at None

Time of Services,

Date of Interment, Aug 2 1906

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 1</u>	Candles, <u>None</u>
Size, <u>1/9</u> Made by <u>Florence</u>	Gloves, <u>"</u>
Lining, <u>white Plain</u>	Hearse to <u>"</u> Cemetery <u> </u>
Handles, <u>None</u>	Carriage for <u>"</u>
Plate, <u>"</u>	" " <u> </u>
Outside Box, <u>"</u>	" " <u> </u>
Burial robe, <u>own clothes</u>	Carriages at Funeral, <u> </u>
Preserving Body with <u> </u>	Death Notices in <u> </u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>James Cann</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

DR.

CR.

RECORD AND BILL OF ITEMS

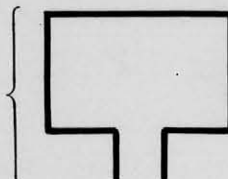
Yearly No.

FOR THE FUNERAL OF

Total to Date

58

Date of Death, July 30 190 6 Color White Age { 30 Years.
— Months
— Days.
 Name of Deceased, Thomas Coughlin
 Place of death, New York City Street, — Ward No. —
 Residence, — Sex, Male Single, Single Married, —
 Occupation, Unknown Wife of —
 Birth-place, — Widow of —
 Name of Father, James Coughlin His Birth-place, * —
 Maiden Name of Mother, } Unknown Her Birth-place, * —
 Cause of death, } Primary, Heart Disease Duration, —
 Cause of death, } Secondary, — Duration, —
 Certifying Physician, Dr. G. Physician His Residence, —
 Place of burial, St. Adams Hillside Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at New York City
 Time of Services, Unknown
 Date of Interment, Aug 2 190 6

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>BBC</u>	Candles, <u>—</u>
Size, <u>5/9</u> Made by <u>—</u>	Gloves, <u>6 P. black</u>
Lining, <u>White</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u>—</u>
Plate, <u>—</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>own clothes</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>—</u>	Death Notices in <u>Herald</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>James Coughlin</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>Mrs. James Coughlin</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 59

Date of Death, Aug 6 190 6 Color White Age { 55 Years.
Months.
Days.

Name of Deceased, Mary Henry

Place of death, Woburn Mass Street, 217 River Ward No.

Residence, Sex, Female Single, Married, Married

Occupation, Housewife Wife of James Henry

Birth-place, Ireland Widow of

Name of Father, John Brooks His Birth-place, * Ireland

Maiden Name of Mother, } Unknown Her Birth-place, *

Cause of death, } Primary, Dysentery Duration, Several Months

Cause of death, } Secondary, Duration,

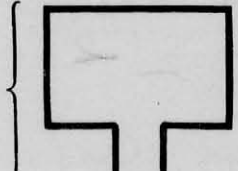
Certifying Physician, Dr Croft His Residence, Main St

Place of burial, St Adams St Josephs Cemetery, Lot or Grave No. Section No.

Funeral Services at, St Francis Church

Time of Services, 9 to 9 M Aug 8 '06

Date of Interment, Aug 9 190 6

Diagram of
Burial Lot. } Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>9010</u>	Candles, <u>4 lbs</u>
Size, <u>5 1/2</u> Made by <u>Natural</u>	Gloves, <u>6 P black</u>
Lining, <u>White Silk</u>	Hearse to <u>St Josephs Cemetery</u>
Handles, <u>Sil & Satin</u>	Carriage for
Plate, <u>Sil Square</u>	" "
Outside Box, <u>Christmit</u>	" "
Burial robe, <u>Wool dress</u>	Carriages at Funeral, <u>7</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Aug 7 '06</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>James Henry</u>
Cemetery Fee,	Bill charged to <u>41 27</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 70

Date of Death, Aug 15 1906 Color White Age { 8 Years.
6 Months.
5 Days.

Name of Deceased, Ellen G. Bakery

Place of death, No Adams Windsor Rd Street, Ward No.

Residence, 460 Union St No Adams Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, William Bakery His Birth-place, * Patterson N.J.

Maiden Name } Hellen M. Gath Her Birth-place, * No Adams
of Mother, }

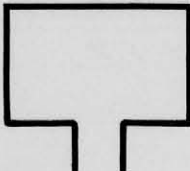
Cause of death, } Primary Accidental Drowning Duration,
Cause of death, } Secondary, Duration,

Certifying Physician, W. J. Brown M.D. His Residence, Church St

Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. 9 Lot 65 Section No. E Half

Funeral Services at None

Time of Services, "

Date of Interment, Aug 17 1906 Diagram of }
Burial Lot. } 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this  for every Grave in it. And mark this
Burial with double dagger thus: † 

Casket or Coffin Number, <u>46 # 5</u>	Candles, <u>4 lbs</u>
Size, <u>46</u> Made by <u>Florence</u>	Gloves, <u>4 Pair white</u>
Lining, <u>white satin</u>	Hearse to <u>St Joseph's Cemetery</u>
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>White dress</u>	Carriages at Funeral,
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Aug 15 06</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>William Bakery</u>
Cemetery Fee,	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 7/

Date of Death, Aug 15 190 6 Color White Age { 7 Years.
5 Months.
5 Days.

Name of Deceased, Catharine E Bakey

Place of death, No Adams Windsor Pond Street, Ward No.

Residence, 460 Union St No Adams Sex, female Single, Single Married,

Occupation, Widow Wife of

Birth-place, No Adams Mass Widow of

Name of Father, William Bakey His Birth-place, * Patterson N J

Maiden Name of Mother, Ellen M Grath Her Birth-place, * No Adams Mass

Cause of death, { Primary, Accidental Drowning Duration,

Cause of death, { Secondary, Duration,

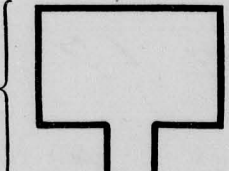
Certifying Physician, A J Brown His Residence, Church St

Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. 4 # 65 Section No. E, Half

Funeral Services at Windsor

Time of Services,

Date of Interment, Aug 17 190 6

Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

Casket or Coffin Number, <u># 51</u>	Candles, <u>4 lbs</u>
Size, <u>4/6</u> Made by <u>Florence</u>	Gloves, <u>4 pair white</u>
Lining, <u>white</u>	Hearse to <u>St Josephs Cemetery</u>
Handles, <u>Sil</u>	Carriage for
Plate,	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>white dress</u>	Carriages at Funeral,
Preserving Body with <u>Carity</u>	Death Notices in <u>Laurie</u>
Washing and Dressing, <u>Aug 15 06</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>William Bakey</u>
Cemetery Fee,	Bill charged to <u>1/4</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date..... 72

Date of Death, Aug 18 1906 Color White Age { 25 Years.
Months.
Days.
Name of Deceased, Angelo Pedercini
Place of death, St. Adams Mass Street, 66 Turnace Ward No.
Residence, " " " Sex, Male Single, Single Married,
Occupation, None Wife of
Birth-place, St. Adams Mass Widow of
Name of Father, Palido Pedercini His Birth-place, * Italy
Maiden Name } Louisa Pedercini Her Birth-place, * "
of Mother, {
Cause of death, } Primary, Cholera Infantum Duration, 4 days
Cause of death, } Secondary, Duration,
Certifying Physician, Dr. Brasseur His Residence, Eagle St.
Place of burial, St. Adams La Vieille Cemetery, Lot or Grave No. 681 P Section No. Pool
Funeral Services at None
Time of Services, "

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	2112	Candles,.....	2 lbs
Size, <i>7/8</i>	Made by <i>Florence</i>	Gloves,.....	<i>none</i>
Lining,.....	<i>white</i>	Hearse to.....	Cemetery.....
Handles,.....	<i>Lib</i>	Carriage for.....	<i>family</i>
Plate,.....	<i>Imitation</i>	" "	
Outside Box,.....	<i>Wood</i>	" "	
Burial robe,.....	<i>own dress</i>	Carriages at Funeral,.....	<i>one</i>
Preserving Body with.....	<i>absorption</i>	Death Notices in.....	<i>Dailies</i>
Washing and Dressing,.....			
Shaving,.....			
Services,.....			
Use of Chairs,.....		Goods ordered by.....	<i>Palida Pedersen</i>
Cemetery Fee,.....		Bill charged to.....	" "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 73

Date of Death, Aug 18 1906 Color White Age { 3 Years. 8 Months. 5 Days.

Name of Deceased, Dominica Katalotti

Place of death, No Adams Mass Street, 107 Turnpike Ward No.

Residence, " " " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, Paul Katalotti His Birth-place, * Italy

Maiden Name of Mother, Katarina Pedescini Her Birth-place, * " "

Cause of death, { Primary, Enter Colitis Duration, 3 days

Cause of death, { Secondary, Duration,

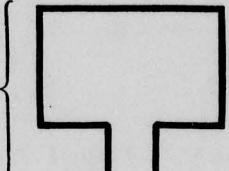
Certifying Physician, C. J. Curran His Residence, Eagle St

Place of burial, No Adams & View Cemetery, Lot or Grave No. 681 P Section No. foot

Funeral Services at, None

Time of Services, " "

Date of Interment, Aug 19 1906

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

Casket or Coffin Number, <u>0112</u>	Candles, <u>2 lbs</u>
Size, <u>2/3</u> Made by <u>Florence</u>	Gloves, <u>None</u>
Lining, <u>Puffed</u>	Hearse to " Cemetery
Handles, <u>Lamb</u>	Carriage for <u>family</u>
Plate, <u>Cur Marling</u>	" " " "
Outside Box, <u>None</u>	" " " "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>absorption</u>	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Paul Katalotti</u>
Cemetery Fee,	Bill charged to " "

DR.

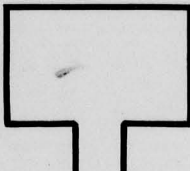
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date.....

Date of Death, Aug 9 / 18 190 6 Color † white Age { 55 Years.
 Name of Deceased, Patrick J. O'Neil Months
 Place of death, St. Adams Hospital Street, Ward No. Days.
 Residence, Magnolia Terrace N. C. Sex, Male Single, Single Married,
 Occupation, weaver Wife of
 Birth-place, Canada Widow of
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, } Primary, Pneumonia Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, John J. Foster His Residence, Union St
 Place of burial, Canada Cemetery, Lot or Grave No. Section No.
 Funeral Services at "
 Time of Services,
 Date of Interment, Aug 21 190 6 Diagram of }
 Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>83 H.C.</u>	Candles, <u>3 lbs</u>
Size, <u>6/8</u> Made by <u>National</u>	Gloves, <u>6 Pr Black</u>
Lining, <u>White</u>	Hearse to <u>Deport</u> Cemetery
Handles, <u>Old Silver</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Chestnut</u>	" "
Burial robes, <u>3 B.B.</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>Art & Carity</u>	Death Notices in <u>Lailis</u>
Washing and Dressing, <u>Aug 1906</u>	
Shaving, <u>" " "</u>	
Services, <u>" " "</u>	
Use of Chairs, <u>" " "</u>	Goods ordered by <u>O'Neil Bros</u>
Cemetery Fee, <u>" " "</u>	Bill charged to <u>" " "</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 75

Date of Death, Aug 19 1906 Color White Age { 16 Years.
9 Months.
9 Days.
 Name of Deceased, Joseph Columbo
 Place of death, W Adams Mass Street, #4 Warren Ward No.
 Residence, " " " Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, Italy Widow of
 Name of Father, John Columbo His Birth-place, * Italy
 Maiden Name of Mother, Her Birth-place, *
 Cause of death, { Primary, Cancer of Stomach Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, W Stafford His Residence,
 Place of burial, W Adams St Josephs Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St Francis Church
 Time of Services, 9 A M 26 Aug 21
 Date of Interment, Aug 21 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 60 1/2</u>	Candles, <u>4 lbs</u>
Size, <u>5 1/4</u> Made by <u>F. L. Luce</u>	Gloves, <u>6 P. white</u>
Lining, <u>9 white satin</u>	Hearse to <u>St Josephs Cemetery</u>
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>own clothes</u>	Carriages at Funeral, <u>6</u>
Preserving Body with <u>Art & Carriage</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Aug 19 06</u>	
Shaving, <u>" 19 06</u>	
Services,	
Use of Chairs,	Goods ordered by <u>John Columbo</u>
Cemetery Fee,	Bill charged to <u>" "</u>

DR.

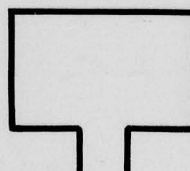
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 96

Date of Death, Aug 19 1906 Color white Age { 1 Years.
1 Months.
1 Days.
 Name of Deceased, Joseph Philip Gassner
 Place of death, St Adams Mass Street, Union St Ward No.
 Residence, 324 Union St N. A. Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, St Adams Mass Widow of
 Name of Father, Gallie Gassner His Birth-place, * Austria
 Maiden Name of Mother, Anna Massman Her Birth-place, * "
 Cause of death, { Primary, Cholera Infantum Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Bushnell His Residence, Union St
 Place of burial, St Adams St Joseph's Cemetery, Lot or Grave No. Section No.
 Funeral Services at None
 Time of Services,
 Date of Interment, Aug 20 1906 Diagram of Burial Lot. }  Put in the Diagram one mark like this  for every Grave in it. And mark this  Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>H. P. X coffin</u>	Candles, <u>1 lb</u>
Size, <u>1/9</u> Made by <u>Walter & Sons</u>	Gloves, <u>None</u>
Lining, <u>White Plain</u>	Hearse to Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>Imitation</u>	" "
Outside Box, <u>None</u>	" "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>None</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Dailies</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Gallie Gassner</u>
Cemetery Fee,	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date

77

Date of Death, Aug 24 1906 Color White Age { 1 Years. 14 Months. 14 Days.

Name of Deceased, Edward H. Kelly

Place of death, W Adams Mass Street, 20 Adams St Ward No.

Residence, Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, W Adams Mass Widow of

Name of Father, Patrick F. Kelly His Birth-place, * Ireland

Maiden Name of Mother, } Mary Faylan Her Birth-place, *

Cause of death, } Primary, Acute Gastro Enteritis Duration, 2 days

Cause of death, } Secondary, Duration,

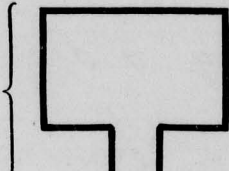
Certifying Physician, Dr B J Curran His Residence, Eagle

Place of burial, W Adams St Josephs Cemetery, Lot or Grave No. 108 Section No.

Funeral Services at, None

Time of Services,

Date of Interment, Aug 25 1906

Diagram of Burial Lot. } 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>PX Sq.</u>	Candles, <u>2 lbs</u>
Size, <u>4/9</u> Made by <u>Wollog</u>	Gloves,
Lining, <u>White Plain</u>	Hearse to Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>Our Darling</u>	" "
Outside Box, <u>None</u>	" "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>one</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Hailis</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Patrick Kelly</u>
Cemetery Fee,	Bill charged to " "

DR.

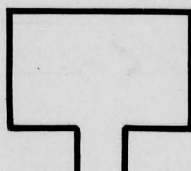
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date. *78*

Date of Death, *Aug 29* 190 *6* Color *White* Age { *8* Years.
2 Months
2 Days.
 Name of Deceased, *Mary Ella Mullett*
 Place of death, *No Adams Mass* Street, *34 River St* Ward No.
 Residence, Sex, *Female* Single, *Single* Married,
 Occupation, *None* Wife of
 Birth-place, *No Adams Mass* Widow of
 Name of Father, *William Mullett* His Birth-place, * *Pittsfield Mass*
 Maiden Name of Mother, *Lena Sherman* Her Birth-place, * *No Adams*
 Cause of death, { Primary, *Marasmus* Duration, *3 months*
 Cause of death, { Secondary, Duration,
 Certifying Physician, *Dr Haynes* His Residence, *Sumner St*
 Place of burial, *No Adams Union* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *Home*
 Time of Services, *2:30 P.M.*
 Date of Interment, *Aug 30* 190 *6* Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this  Burial with double dagger thus: 
 † State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 5-</i>	Candles, <i>None</i>
Size, <i>2 1/6</i> Made by <i>Tylorence</i>	Gloves,
Lining, <i>White Satin</i>	Hearse to Cemetery
Handles, <i>Sil bar.</i>	Carriage for
Plate, <i>Clus Darling</i>	" "
Outside Box, <i>None</i>	" "
Burial robe, <i>White dress</i>	Carriages at Funeral, <i>Two</i>
Preserving Body with <i>absorption</i>	Death Notices in <i>Dailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>William Mullett</i>
Cemetery Fee,	Bill charged to <i>"</i>

Dr.

Cr.

RECORD AND BILL OF ITEMS

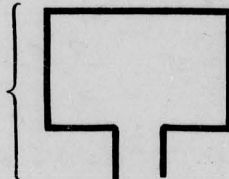
Yearly No.

FOR THE FUNERAL OF

Total to Date

79

Date of Death, Sept 2 1906 Color White Age 80 Years.
 Name of Deceased, John Murphy Months.
 Place of death, City of Adams Street, Ward No. Days.
 Residence, " Sex, Male Single, Married
 Occupation, Iron Wife of "
 Birth-place, Ireland Widow of "
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name of Mother, " Her Birth-place, * "
 Cause of death, } Primary, " Duration, "
 Cause of death, } Secondary, " Duration, "
 Certifying Physician, Dr Curran His Residence, Eagle St
 Place of burial, No Adams & View Cemetery, Lot or Grave No. " Section No. "
 Funeral Services at St Francis Church
 Time of Services, 2:30 P M Sept 4 06
 Date of Interment, Sept 4 06 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#</u>	Candles, <u>None</u>
Size, <u>5/9</u> Made by <u>Florence</u>	Gloves, <u>"</u>
Lining, <u>cheap white</u>	Hearse to <u>"</u> Cemetery <u>"</u>
Handles, <u>Nickel</u>	Carriage for <u>"</u>
Plate, <u>Four</u>	" " <u>"</u>
Outside Box, <u>"</u>	" " <u>"</u>
Burial robe, <u>Brown Prefer</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Clailis</u>
Washing and Dressing, <u>Sept 3 06</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>M H Ingraham</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>City of No Adams Mass</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 80

Date of Death, Sept 12 1906 Color White Age { 90 Years. — Months. — Days.

Name of Deceased, Cynthia Gates

Place of death, Florida Mass Street, _____ Ward No. _____

Residence, _____ Sex, female Single, _____ Married, Married

Occupation, None Wife of Hendrick Gates

Birth-place, Pownal, Vt. Widow of _____

Name of Father, John B Wright His Birth-place, * Pownal, Vt.

Maiden Name of Mother, Clara Estes Her Birth-place, * W Adams Mass

Cause of death, { Primary, Cancer of breast Duration, Several years

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, A J Brown His Residence, Church St.

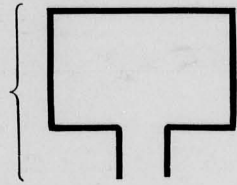
Place of burial, Clarksburg Mass Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at Home

Time of Services, 10 A M Sept 14, '06

Date of Interment, Sept 14 1906

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1208</u>	Candles, <u>None</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, _____
Lining, <u>White Silks</u>	Hearse to <u>Clarksburg Cemetery</u>
Handles, <u>Sil & Satin bar</u>	Carriage for <u>Robert Taly</u>
Plate, <u>Sil</u>	" " <u>Mrs Bouchard</u>
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Own dress</u>	Carriages at Funeral, <u>two & 3 seats</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Sept 12 '06</u>	
Shaving, <u>None</u>	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Hendrick Gates</u>
Cemetery Fee, _____	Bill charged to <u>Hendrick Gates</u>

DR.

CR.

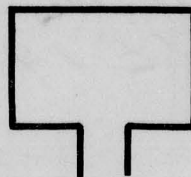
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 81

Date of Death, Sept. 14 190 6 Color White Age { 53 Years.
— Months.
— Days.
 Name of Deceased, Jeremiah Driscoll
 Place of death, East Deerfield Mass Street, Main Ward No.
 Residence, " " " " Sex, Male Single, " Married, Married
 Occupation, " " " " Wife of " " " "
 Birth-place, " " " " Widow of " " " "
 Name of Father, Unknown His Birth-place, * " " " "
 Maiden Name } of Mother, } Her Birth-place, * " " " "
 Cause of death, } Primary, Concussion of Brain Duration, Unknown
 Cause of death, } Secondary, " " " " Duration, " " " "
 Certifying Physician, Deerfield Physician His Residence, " " " "
 Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. 756 Section No.
 Funeral Services at East Deerfield
 Time of Services, " " " " " " " "
 Date of Interment, Sept 17 190 6

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,		Candles,	
Size,	Made by	Gloves, <u>6 Pr black</u>	
Lining,		Hearse to <u>St Josephs Cemetery</u>	
Handles,		Carriage for,	
Plate,		" "	
Outside Box,		" "	
Burial robe,		Carriages at Funeral, <u>Six</u>	
Preserving Body with		Death Notices in <u>Local</u>	
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs,		Goods ordered by	
Cemetery Fee,		Bill charged to <u>Mrs Driscoll</u>	

DR.

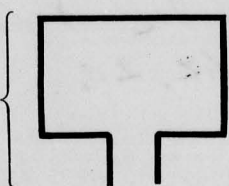
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 82

Date of Death, Sept 17 1906 Color white Age 38 Years.
 Name of Deceased, Joseph Hailley Months
 Place of death, Waltham Mass Street, Ward No. Days.
 Residence, " Sex, Male Single, Married, Married
 Occupation, R.R. car cleaner Wife of
 Birth-place, Unknown Widow of
 Name of Father, Edward Hailley His Birth-place, * Unknown
 Maiden Name } Unknown Her Birth-place, *
 of Mother, }
 Cause of death, } Primary, Chol. Cystitis Duration, 3 wks
 Cause of death, } Secondary, Duration,
 Certifying Physician, Waltham Physician His Residence, Waltham Mass
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis Church
 Time of Services, 9 AM Sept 19 '06
 Date of Interment, Sept 19 1906 Diagram of Burial Lot.  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>sq B.B.C.</u>	Candles, <u>2 lbs</u>
Size, <u>6/8</u> Made by	Gloves, <u>6 Pr black</u>
Lining, <u>White Satin</u>	Hearse to <u>House & Hillside</u> Cemetery
Handles, <u>Sil Extn.</u>	Carriage for
Plate, <u>Sil</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>B.B.C.</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>Unknown</u>	Death Notices in <u>Hailley</u>
Washing and Dressing, "	
Shaving, "	
Services,	
Use of Chairs,	Goods ordered by
Cemetery Fee,	Bill charged to <u>Mrs Joseph Hailley</u>

Dr.

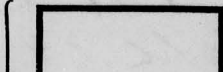
Cr.

RECORD AND BILL OF ITEMS

Yearly No.

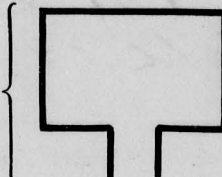
FOR THE FUNERAL OF

Total to Date.....83.....

Date of Death, Sept. 18 1906. Color white Age { 60 Years.
Name of Deceased, Mary Gough Months.
Place of death, No Adams Mass Street, 12 Furnace Ward No. —
Residence, " " Sex, female Single, Single Married, — Days.
Occupation, Housework Wife of —
Birth-place, Ireland Widow of —
Name of Father, James Gough His Birth-place, * Ireland
Maiden Name } Margaret Fitz. Her Birth-place, * "
of Mother, }
Cause of death, } Primary, Gastritis Duration, 8 wks
Cause of death, } Secondary, Cardiac Asthenia Duration, 2 wks
Certifying Physician, C. J. Curran His Residence, Eagle St
Place of burial, No Adams, South Vinoo Cemetery, Lot or Grave No. — Section No. —
Funeral Services at St. Francis Church
Time of Services, 9 AM Sept 20 '06
Date of Interment, Sept 20 1906 Diagram of 
Put in the Diagram one mark like this
for every Grave in it. And mark this

† State whether *White* or *Black*. * Insert *Town* and *State*.

Diagram of } 



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus: ☐

Casket or Coffin Number, <i>ABC, like 1210</i>	Candles, <i>4 lbs.</i>
Size, <i>5/9</i> Made by <i>Florence</i>	Gloves, <i>6 Pr black</i>
Lining, <i>white silk</i>	Hearse to <i>South View Cemetery</i>
Handles, <i>Sil # 1300</i>	Carriage for
Plate, <i>" sq.</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Gray, white front</i>	Carriages at Funeral, <i>4 & 3 seats</i>
Preserving Body with <i>Art & Cavity</i>	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Mrs Powers & Mrs Solari</i>
Cemetery Fee,	Bill charged to <i>Mrs Powers</i>

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 85

Date of Death, Sept 21 1906 Color White Age { 2 Years. 1 Months. 18 Days.

Name of Deceased, Charles Francis Morrison

Place of death, No Adams Mass Street, 15 River St Ward No.

Residence, " " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, Edward H Morrison His Birth-place, * No Adams Mass

Maiden Name of Mother, Gyphria Wilkinson Her Birth-place, * Rhinebeck N.Y.

Cause of death, { Primary, Convulsions Duration, 2 days

Cause of death, { Secondary, Duration,

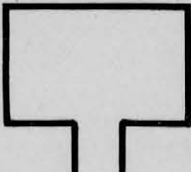
Certifying Physician, Dr Bushnell His Residence, Union St

Place of burial, No Adams, N.Y. Cemetery, Lot or Grave No. Section No.

Funeral Services at Home

Time of Services, 2:30 P.M. Sept 23 06

Date of Interment, Sept 23 1906 Rev Thompson

Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

Casket or Coffin Number, <u>53 EBP</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>Flower</u>	Gloves, <u>"</u>
Lining, <u>White & Pink</u>	Hearse to <u>White S.V. Cemetery</u>
Handles, <u>Silk & Plush</u>	Carriage for
Plate, <u>Our darling & E</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Own dress</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Trailers</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Edward H Morrison</u>
Cemetery Fee,	Bill charged to <u>"</u>

DR.

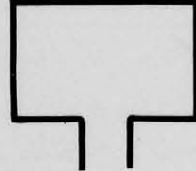
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 86

Date of Death, Sept 28 190 6 Color White Age 42 Years.
 Name of Deceased, Anna Kelley Months
 Place of death, Graylock Rest, Adams, Street, Ward No.
 Residence, Boston Mass. Sex, female Single, Single Married,
 Occupation, Woman Wife of
 Birth-place, Boston Widow of
 Name of Father, Lawrence Kelley His Birth-place, * Ireland
 Maiden Name of Mother, Anna Mohan Her Birth-place, *
 Cause of death, } Primary, Cancer of Breast Duration, 2 yrs.
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Fagan His Residence, Center St.
 Place of burial, Boston Mass. Central Cemetery, Lot or Grave No. Section No.
 Funeral Services at Boston Mass.
 Time of Services, Oct 1 '06
 Date of Interment, " 190 6 Diagram of Burial Lot. 

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#160 Wm</u>	Candles, <u>None</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>"</u>
Lining, <u>White silk</u>	Hearse to <u>Adams</u> Cemetery
Handles, <u>8 ft sq bar, 4x</u>	Carriage for <u>Family</u>
Plate, <u>sq 4x</u>	" " <u>"</u>
Outside Box, <u>Chermit</u>	" " <u>"</u>
Burial robe, <u>"</u>	Carriages at Funeral, <u>None</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u>Sept 28 '06</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Bernard Kelley</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

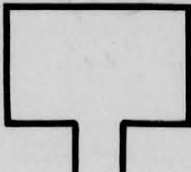
CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 87

Date of Death, Oct 9 190... Color White Age { 54 Years.
 Name of Deceased, Margaret Cowan Months.
 Place of death, Pittsfield Mass Street, House of Mercy Ward No. ... Days.
 Residence, ... Sex, female Single, ... Married, Married
 Occupation, Cook Wife of ...
 Birth-place, ... Widow of ...
 Name of Father, ... His Birth-place, * ...
 Maiden Name } of Mother, } Her Birth-place, * ...
 Cause of death, } Primary, Pneumonia Duration, ...
 Cause of death, } Secondary, ... Duration, ...
 Certifying Physician, ... His Residence, ...
 Place of burial, St Adams Hillside Cemetery, Lot or Grave No. ... Section No. ...
 Funeral Services at St Francis Church
 Time of Services, 9 A M Oct 11 '06
 Date of Interment, Oct 11 190... Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 
 † State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>4 lbs</u>
Size, <u>6/8</u> Made by <u>National</u>	Gloves, <u>6 Pr.</u>
Lining, <u>white</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil & Satin</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>chestnut</u>	" "
Burial robe, <u>Brown Cashmere</u>	Carriages at Funeral, <u>4 & 8 seater</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Hailis</u>
Washing and Dressing, ...	
Shaving, ...	
Services, ...	
Use of Chairs, ...	Goods ordered by <u>Michael Molloy</u>
Cemetery Fee, ...	Bill charged to <u>Margaret Cowan Est</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 88

Date of Death, Oct 14 190 6 Color White Age { — Years.
— Months
— Days.

Name of Deceased, Male Infant of Geo Bushey

Place of death, No Adams Mass. Street, 24 Jackson Ward No.

Residence, Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass. Widow of

Name of Father, George Bushey His Birth-place, * New Haven Ct.

Maiden Name of Mother, } Johanna U Connor Her Birth-place, * Hartford, Conn.

Cause of death, } Primary, Stillborn Duration,

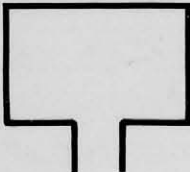
Cause of death, } Secondary, Duration,

Certifying Physician, C. J. Curran His Residence, Eagle St.

Place of burial, No Adams South View Cemetery, Lot or Grave No. Top H. 8. 2nd Section No. E. Half 247

Funeral Services at, None

Time of Services,

Date of Interment, Oct 15 190 6 Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P. K. Sq.</u>	Candles, <u>None</u>
Size, <u>1/2</u> Made by <u>Walley</u>	Gloves, <u>"</u>
Lining, <u>White Plain</u>	Hearse to <u>"</u> Cemetery
Handles, <u>Imitation</u>	Carriage for <u>"</u>
Plate, <u>None</u>	" "
Outside Box, <u>"</u>	" "
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>None</u>	Death Notices in <u>"</u>
Washing and Dressing, <u>"</u>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Geo Bushey</u>
Cemetery Fee,	Bill charged to <u>"</u>

DR.

CR.

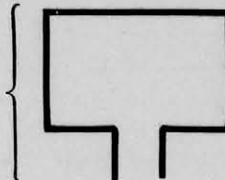
RECORD AND BILL OF ITEMS

Yearly No.

FOR THE FUNERAL OF

Total to Date 89

Date of Death, Oct 15 190 6 Color White Age { 6 Years.
6 Months.
6 Days.
 Name of Deceased, Male Infant of Scraal Whitney
 Place of death, No Adams Mass Street, 8 Whitman Ward No.
 Residence, Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, No Adams Mass Widow of
 Name of Father, Scraal Whitney His Birth-place, * No Adams Mass
 Maiden Name of Mother, Elsptha Louison Her Birth-place, * Stamford Ct.
 Cause of death, { Primary, Premature Birth Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr Riley His Residence, Main St.
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. 2 Louison Hillside Section No.
 Funeral Services at None
 Time of Services,
 Date of Interment, Oct 15 190 6

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>PK 19</u>	Candles, <u>None</u>
Size, <u>1/10</u> Made by <u>Wolloy</u>	Gloves, <u>"</u>
Lining, <u>White Plain</u>	Hearse to <u>"</u> Cemetery
Handles, <u>Imitation</u>	Carriage for <u>"</u>
Plate, <u>None</u>	" " <u>"</u>
Outside Box, <u>"</u>	" " <u>"</u>
Burial robe, <u>own dress</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>None</u>	Death Notices in <u>"</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Scraal Whitney</u>
Cemetery Fee,	Bill charged to <u>Scraal Whitney</u>

DR.

CR.

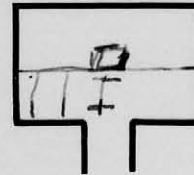
RECORD AND BILL OF ITEMS

Yearly No. 90

FOR THE FUNERAL OF

Total to Date.....

Date of Death, Oct 27 - 1906 Color White Age { 22 Years.
4 Months.
25 Days.
 Name of Deceased, William Whalen
 Place of death, 100 West Main St Street, Ward No.
 Residence, " " " " Sex, Male Single, Single Married,
 Occupation, Bar tender Wife of -
 Birth-place, North Adams Widow of -
 Name of Father, Thomas Whalen His Birth-place, * Ireland
 Maiden Name of Mother, Mary Stack Her Birth-place, * "
 Cause of death, { Primary, acute Tuberculosis Duration, 4 months
 Cause of death, { Secondary, Hemorrhage Duration, few minutes
 Certifying Physician, E. J. Curran His Residence, Eagle St
 Place of burial, Hillside Cemetery, Lot or Grave No. 245 Section No.
 Funeral Services at St Francis Church
 Time of Services, 10 A M
 Date of Interment, Oct 29 - 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Sil Gray Plush Liner</u>	Candles, <u>6 lbs</u>
Size, <u>5/4</u> Made by <u>Boston B Co</u>	Gloves, <u>6 Pairs Sil Gray</u>
Lining, <u>White silk Crumpled</u>	Hearse to <u>West</u> Cemetery
Handles, <u>Sil Bar</u>	Carriage for <u>hearse</u>
Plate, <u>"</u>	" " "
Outside Box, <u>Pine</u>	" " "
Burial robe, <u>BBC dress suit</u>	Carriages at Funeral, <u>6</u>
Preserving Body with <u>Esce</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>4 1/2 doz</u>	Goods ordered by <u>PA Whalen</u>
Cemetery Fee, <u>2.00</u>	Bill charged to <u>" "</u>

Dr.

Cr.

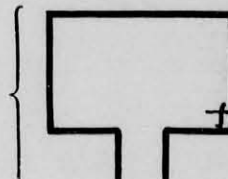
RECORD AND BILL OF ITEMS

Yearly No. 91

FOR THE FUNERAL OF

Total to Date

Date of Death, Oct 28 1906 Color White Age 79 Years.
 Name of Deceased, Edmund Hall Months.
 Place of death, No Adams Hospital Street, _____ Ward No. _____ Days.
 Residence, Horsac Tunnel Station Sex, Male Single, Widowed Married, _____
 Occupation, Mail Carrier Wife of _____
 Birth-place, England Widow of _____
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, By being run over by car Duration, few hours
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. Brown M.D., Ex. His Residence, Church St.
 Place of burial, No Adams Mass Hillside Cemetery, Lot or Grave No. _____ Section No. _____
 Funeral Services at Connors's Parlor
 Time of Services, Two P.M. Oct 30, '06
 Date of Interment, Oct 30 1906

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Int oak</u>	Candles, _____
Size, <u>6/8</u> Made by <u>Worntree</u>	Gloves, <u>6 to black</u>
Lining, <u>White Satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>old copper</u>	Carriage for _____
Plate, _____	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>New clothes</u>	Carriages at Funeral, <u>4 or 3 seats</u>
Preserving Body with <u>Ice & Cavity</u>	Death Notices in <u>Waileis</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Mr. Haigrauer</u> <u>His Brother</u>
Cemetery Fee, _____	Bill charged to <u>Edmund Hall</u> <u>Est.</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 92

FOR THE FUNERAL OF

Total to Date.....

Date of Death, Oct 29 1906 Color White Age { 1 Years. 3 Months. Days.

Name of Deceased, William Arthur Hurlbut

Place of death, No Adams Mass Street, 118 E Duncy Ward No.

Residence, Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, Edward J. Hurlbut His Birth-place, * Williamstown Mass

Maiden Name of Mother, Ross Mc Green Her Birth-place, * Scotland

Cause of death, { Primary, Duration,

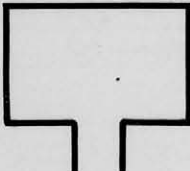
Cause of death, { Secondary, Duration,

Certifying Physician, Dr. Crofts His Residence,

Place of burial, Hillside No. Adams Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services, "

Date of Interment, Oct 30 1906 Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 5</u>	Candles, <u>2 lbs</u>
Size, <u>2 1/2</u> Made by <u>Flormer</u>	Gloves, <u></u>
Lining, <u>White Satin</u>	Hearse to <u></u> Cemetery <u></u>
Handles, <u>Leather</u>	Carriage for <u></u>
Plate, <u>Our Darling</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Wool dress</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u></u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Edward Hurlbut</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 93

FOR THE FUNERAL OF

Total to Date.....

Date of Death, Nov 1 1906 Color White Age 62 Years. — Months. — Days.

Name of Deceased, Michael Meade

Place of death, 210 Adams Mass Street, 331 W. Main, Ward No. —

Residence, — Sex, Male Single, — Married, Married

Occupation, Retired Wife of —

Birth-place, Ireland Widow of —

Name of Father, John Meade His Birth-place, * Ireland

Maiden Name of Mother, Johnna Riley Her Birth-place, * —

Cause of death, Primary, Heart Duration, —

Cause of death, Secondary, — Duration, —

Certifying Physician, Dr. Crofts His Residence, W. Main St.

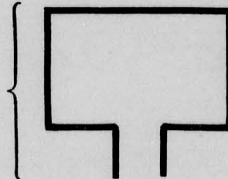
Place of burial, 210 Adams Hillside Cemetery, Lot or Grave No. — Section No. —

Funeral Services at St Francis Church

Time of Services, 9 A.M. Nov 3 '06

Date of Interment, Nov 3 1906

Diagram of Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>703</u>	Candles, <u>4 lbs</u>
Size, <u>6/8</u> Made by <u>National</u>	Gloves, <u>Black</u>
Lining, <u>White Satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Gold</u>	Carriage for <u>—</u>
Plate, <u>Gold</u>	" " <u>—</u>
Outside Box, <u>Chesnut</u>	" " <u>—</u>
Burial robe, <u>Leone cloth</u>	Carriages at Funeral, <u>Seven</u>
Preserving Body with <u>Ice & Cavity</u>	Death Notices in <u>Mail</u>
Washing and Dressing, <u>Nov 1</u>	
Shaving, <u>Yes</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Mrs Meade</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

Dr.

Cr.

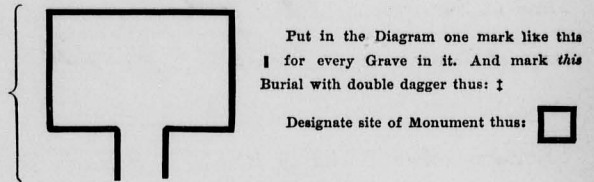
RECORD AND BILL OF ITEMS

Yearly No. 94

FOR THE FUNERAL OF

Total to Date.....

Date of Death, Nov. 5 190 6 Color White Age { 37 Years.
 Name of Deceased Ida Jew Months
 Place of death, Adams Mass Street, 95 Howland Ave Ward No. Days.
 Residence, Sex, female Single, Widowed Married,
 Occupation, Wife of
 Birth-place, Widow of
 Name of Father, His Birth-place, *
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, } Primary, Shock Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr Hurd His Residence, Adams Mass
 Place of burial, St Adams So View Cemetery, Lot or Grave No. West Half Lot 186 Section No. Chair # 6,
 Funeral Services at 98 Howland Ave Home,
 Time of Services, 2:30 P. M. Nov. 7:00,
 Date of Interment, Nov. 7 190 6 Diagram of }
 Burial Lot. }



† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 1200</u>	Candles, <u>None</u>
Size, <u>5/6</u> Made by <u>National</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White Silks</u>	Hearse to <u>South View Cemetery</u>
Handles, <u>Sil & Satin bar</u>	Carriage for
Plate, <u>Sil Sq</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u># 0</u>	Carriages at Funeral, <u>2 & 3 seater</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Mail</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Thomas Buckley</u>
Cemetery Fee,	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 95

Total to Date.....

FOR THE FUNERAL OF

Richard Fleming

Date of Death Nov 8 1906Color White Age {

9 Years.
11 Months.
20 Days.

Name of Deceased, Richard FlemingPlace of death, 1804 East Main St Street, Blackinton Ward No. oneResidence, " " " " Sex, Male Single, Single Married, " "Occupation, none Wife of " "Birth-place, Williamstown Widow of " "Name of Father, Thomas His Birth-place, * South Adams MassMaiden Name of Mother, Mary Barnette Her Birth-place, * " " "Cause of death, { Primary, Diphtheria Duration, 8 days

Cause of death, { Secondary, " " Duration, " "

Certifying Physician, Wm Galvin His Residence, Blackinton MassPlace of burial, Hillside cem Cemetery, Lot or Grave No. " " Section No. " "Funeral Services at Prayer at graveTime of Services, 12 MDate of Interment, Nov 8 1906Diagram of
Burial Lot. }

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>5</u>	Candles, <u>none</u>
Size, <u>3/2</u> Made by <u>Florence</u>	Gloves, <u>1</u>
Lining, <u>single Puff silk</u>	Hearse to <u>White</u> Cemetery
Handles, <u>L P bar</u>	Carriage for <u>Road with Undertaker</u>
Plate, <u>CD</u>	" " "
Outside Box, <u>Pine</u>	" " "
Burial robe, <u>pk trimmed lace</u>	Carriages at Funeral, <u>none</u>
Preserving Body with <u>Bismarck & formaldehyde</u>	Death Notices in <u>Darius</u>
Washing and Dressing, <u>midnight</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>none</u>	Goods ordered by <u>Thomas Fleming</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 96

FOR THE FUNERAL OF

Total to Date

Date of Death, Nov 15 1906 Color † white Age { 3 Years.
 Name of Deceased, Mary Walsh
 Place of death, Gylouin Adams, Mass Street, 15 Newark Ward No.
 Residence, Adams Mass, Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, Adams Widow of
 Name of Father, William Walsh His Birth-place, * South Bridge Mass,
 Maiden Name } Mary Connell Her Birth-place, * Ireland.
 Cause of death, { Primary, kidney disease Duration, few days
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. H. A. Matte His Residence, Church St,
 Place of burial, Adams St Joseph's Cemetery, Lot or Grave No. Section No.
 Funeral Services at None

Time of Services,

Date of Interment, Nov 16 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 3025 Cat.	Candles, 2 lbs.
Size, 2 1/2 Made by National	Gloves, None
Lining, White Satin	Hearse to Cemetery
Handles, Lamb	Carriage for
Plate, Pure Darling	" "
Outside Box, Pine	" "
Burial robe, Quondress	Carriages at Funeral, Three
Preserving Body with absorption	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by William Walsh
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 97

FOR THE FUNERAL OF

Total to Date.....

Date of Death, Nov 18 1906 Color White Age { 2 Years.
2 Months.
2 Days.
 Name of Deceased, Mary Curley
 Place of death, No Adams Mass Street, 63 North Ward No.
 Residence, Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, No Adams Mass Widow of
 Name of Father, William E. Curley His Birth-place, * No Adams
 Maiden Name of Mother, Mary Moore Her Birth-place, * " "
 Cause of death, { Primary, Convulsions Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Rieley His Residence, No Adams
 Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. Section No.
 Funeral Services at None
 Time of Services,
 Date of Interment, Nov 19 1906

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <u>P. 89</u>	Candles, <u>None</u>
Size, <u>2/6</u> Made by <u>Wolcott</u>	Gloves, <u>"</u>
Lining, <u>White satin</u>	Hearse to Cemetery
Handles, <u>Imitation</u>	Carriage for.....
Plate, <u>None</u>	" "
Outside Box, <u>"</u>	" "
Burial robe, <u>am dees</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>Ice</u>	Death Notices in <u>Harvard</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>William Curley</u>
Cemetery Fee,	Bill charged to.....

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 99

Total to Date.....

FOR THE FUNERAL OF

Margaret Gallagher

Date of Death, Nov. 22 1906 Color White Age { 29 Years.
5 Months.
 Days.

Name of Deceased, Margaret GallagherPlace of death, No Adams Hospital Street, Ward No. Residence, Sex, female Single, Single Married, Occupation, Domestic Wife of Birth-place, Rowen Vt. Widow of Name of Father, Patrick Gallagher His Birth-place, * IrelandMaiden Name } Johanna Conlon Her Birth-place, *
of Mother, }Cause of death, { Primary, Acute Bright's Disease Duration, 14 daysCause of death, { Secondary, Uraemia Duration, 5 daysCertifying Physician, W. F. M. Guath His Residence, Holden St.Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No. Funeral Services at St. Francis ChurchTime of Services, 2:30 P.M. Sunday Nov. 25Date of Interment, Nov 25 1906Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>4049</u>	Candles, <u> </u>
Size, <u>5/9</u> Made by <u>Florence</u>	Gloves, <u>6 Pr. White</u>
Lining, <u>White</u>	Hearse to <u>Hillside Cemetery</u>
Handles, <u>Sil Rope bar</u>	Carriage for <u> </u>
Plate, <u>Sq. Sil</u>	" " <u> </u>
Outside Box, <u>Pine</u>	" " <u> </u>
Burial robe, <u>White Silk</u>	Carriages at Funeral, <u> </u>
Preserving Body with <u>Art. & Cavity</u> <u>Exco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u> </u>
Cemetery Fee, <u> </u>	Bill charged to <u>Patrick Gallagher</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 100

Total to Date.....

FOR THE FUNERAL OF

FOR THE FUNERAL OF

Geo. F. Rasch

Date of Death, Nov, 22 1906 Color White Age { 2 Years.
16 1 5 0 0 { 22 Months
0 0 0 0 0 { 22 Days.

Name of Deceased, George Francis Rosch, 22 Days.

Place of death, No. Adams Mass Street, 32 Gale St. Ward No. 1

Residence, Sex, Male Single, Single Married,

Occupation, *None* Wife of *J*

Birth-place, No. Adams Mass. Widow of 2

Name of Father, *George Rosch* His Birth-place, * *Louisburg*

Maiden Name of Mother. } Lidia V. Rourke Her Birth-place, * Ireland T

Cause of death, } Primary, *Capillary Bronchitis* Duration, *2 days*

Cause of death, } Secondary, Duration,

Certifying Physician, W. C. Curran His Residence, Eagle St.

Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. 195 Section No.

Funeral Services at Home

Time of Services, []

Date of Interment, Nov 23 1906 Diagram of 2

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, # 5	Candles, None
Size, 2/3 Made by Florence	Gloves, "
Lining, White Satin	Hearse to, Cemetery
Handles, Lamb	Carriage for, Family
Plate, Wm. Harding	" "
Outside Box, Pine	" "
Burial robe, Own dress	Carriages at Funeral, One
Preserving Body with	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Geo. Rosch
Cemetery Fee,	Bill charged to, "

Size, 2 1/2 Made by F. Florence Gloves, 4

Lining. 13 White Satin Hearse to 1 Cemetery

Handles.	Lamb	Carriage for.	Family
----------	------	---------------	--------

Plate	<i>Clay Martin</i>	"	"	<i>J</i>
-------	--------------------	---	---	----------

[illegible][illegible][illegible]

Preserving Body with.....					
Washing and Dressing.....					

Washing and Dressing,.....					
Shaving.....					

Shaving.....					
Services.....					

Services,					
Use of Chair				Goods ordered by	Gro. Rosch

Use of Chairs,				Goods ordered by			
Cemetery Fee				Bill charged to			

Candles, *Nones*

Gloves.....	4		
-------------	---	--	--

Hearse to..... Cemetery

Carriage for Family

“ “

“ “

Carriages at Funeral.	<i>One</i>		
-----------------------	------------	--	--

Death Notices in *Dailies*

DR.

CR.

Total to Date.....

FOR THE FUNERAL OF

**Diagram of
Burial Lot.**

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	<i>Pine box</i>	Candles,	<i>None</i>
Size, <i>5 1/4</i>	Made by <i>Florence</i>	Gloves,	<i>"</i>
Lining, <i>Muslin</i>		Hearse to	<i>" Cemetery</i>
Handles, <i>box Handles</i>		Carriage for	<i>"</i>
Plate, <i>None</i>		" "	
Outside Box, <i>"</i>		" "	
Burial robe, <i>"</i>		Carriages at Funeral,	
Preserving Body with		Death Notices in <i>Wailer</i>	
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs,		Goods ordered by <i>Sampson & Gurney</i>	
Cemetery Fee,		Bill charged to <i>"</i>	<i>"</i>

DR.

CR.

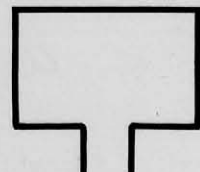
RECORD AND BILL OF ITEMS

Yearly No. 102

FOR THE FUNERAL OF

Total to Date.....

Mary Curley

Date of Death, *Nov 24* 190*6* Color *White* Age { *29* Years.
 Name of Deceased, *Mary Curley* Months
 Place of death, *No Adams Mass* Street, *63 North St*, Ward No. Days.
 Residence, Sex, *Female* Single, Married, *Married*
 Occupation, *Housewife* Wife of *William Curley*
 Birth-place, *No Adams Mass* Widow of
 Name of Father, *Patrick Moore* His Birth-place, * *Ireland*
 Maiden Name of Mother, } *Mary Craven* Her Birth-place, *
 Cause of death, } Primary, *Pneumonia* Duration, *1 week*
 Cause of death, } Secondary, Duration,
 Certifying Physician, *Dr Riley* His Residence, *Main St*
 Place of burial, *No Adams St Josephs* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *St Francis Church*
 Time of Services, *9 A M*
 Date of Interment, *Nov 26* 190 *6* Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>Manifold Special</i>	Candles, <i>4 lbs</i>
Size, <i>6/8</i> Made by <i>B B Co</i>	Gloves, <i>6 Pr Gray</i>
Lining, <i>Cream Satin</i>	Hearse to <i>St Josephs Cemetery</i>
Handles, <i>Uld Sil</i>	Carriage for
Plate,	" "
Outside Box, <i>Chesnut</i>	" "
Burial robe, <i>Cream Cashmere</i>	Carriages at Funeral, <i>7 & 3 seater</i>
Preserving Body with <i>Art & Cavity</i>	Death Notices in <i>Dailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>M Curley</i>
Cemetery Fee,	Bill charged to <i>Nov 4</i>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 103

Total to Date

FOR THE FUNERAL OF

Alonzo J. Campbell

Date of Death, *December 4th* 190*6* Color *White* Age { *66* Years. *9* Months. *21* Days.

Name of Deceased, *Alonzo J. Campbell*Place of death, *No. Adams Hospital* Street, Ward No.Residence, *#1 Temple St* Sex, *Male* Single, Married, *Married*Occupation, *None* Wife ofBirth-place, *Valley Falls N.Y.* Widow ofName of Father, *Israh Campbell* His Birth-place, * *Berkshire N.Y.*Maiden Name of Mother, *Ledia Osburn* Her Birth-place, * *Valley Falls N.Y.*Cause of death, { Primary, *apoplexy* Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, *No. Adams So. View* Cemetery, Lot or Grave No. Section No.Funeral Services at *Home*Time of Services, *2:30 P.M. Dec 4th*Date of Interment, *Dec 6* 190*6*

Diagram of Burial Lot.

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 62</i>	Candles, <i>None</i>
Size, <i>5 7/8</i> Made by <i>Fibers</i>	Gloves, <i>6 Pr Black</i>
Lining, <i>White Silkeline</i>	Hearse to <i>S. View Cemetery</i>
Handles, <i>Satin bar</i>	Carriage for
Plate, <i>Sil. cast</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Diagonal Blk</i>	Carriages at Funeral, <i>6</i>
Preserving Body with <i>Arx & Co.</i>	Death Notices in <i>Dailies</i>
Washing and Dressing, <i>Dec 4th</i>	
Shaving, <i>"</i>	
Services, <i>"</i>	
Use of Chairs, <i>24</i>	Goods ordered by
Cemetery Fee, <i>4 Dollars</i>	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 105

Total to Date.....

FOR THE FUNERAL OF

Infant of Michael Simon

Date of Death, Dec 19th 1906 Color White Age { Years.
 Months.
 Days.

Name of Deceased, Male Infant of Michael SimonPlace of death, No Adams Mass Street, Bravo Holden Ward No. Residence, Sex, Male Single, Single Married, Occupation, None Wife of Birth-place, No Adams Mass Widow of Name of Father, Michael Simon His Birth-place, * SyriaMaiden Name of Mother, John NicholasHer Birth-place, * Cause of death, { Primary, Stillborn Duration, Cause of death, { Secondary, Duration, Certifying Physician, C J Curran His Residence, Eagle StPlace of burial, So View Cemetery, Lot or Grave No. 707 Section No. FreeFuneral Services at Time of Services, Date of Interment, 1906Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.K. SqSize, 2 1/2 in Made by WoolleyLining, WhiteHandles, ImitationPlate, NoneOutside Box, Burial robe, own dressPreserving Body with Washing and Dressing, Shaving, Services, Use of Chairs, Cemetery Fee, Candles, NoneGloves, Hearse to Cemetery Carriage for " " " " Carriages at Funeral, Death Notices in

DR.

CR.

RECORD AND BILL OF ITEMS

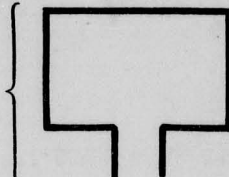
Yearly No. 107

Total to Date.....

FOR THE FUNERAL OF

Infant of Wilfred Rougeau

Date of Death, December 21 1906 Color White Age { Years.
 Months.
 Days.

Name of Deceased, UnnamedPlace of death, No Adams Mass Street, 78 Willowdell Ward No. Residence, Sex, Male Single, Single Married, Occupation, None Wife of Birth-place, No Adams Mass Widow of Name of Father, Wilfred Rougeau His Birth-place, * CanadaMaiden Name of Mother, Oplice Uphill Her Birth-place, * Twanton R.I.Cause of death, { Primary, Stillborn Duration, Cause of death, { Secondary, Duration, Certifying Physician, W. F. M. Guath His Residence, Holden StPlace of burial, No Adams Cemetery, Lot or Grave No. lot 199 grave #4 Section No. Funeral Services at NoneTime of Services, Date of Interment, 190 Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 | for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P. H. Sq.</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>Woolley</u>	Gloves, <u> </u>
Lining, <u>White Plain</u>	Hearse to <u> </u> Cemetery <u> </u>
Handles, <u>None</u>	Carriage for <u> </u>
Plate, <u> </u>	" " <u> </u>
Outside Box, <u> </u>	" " <u> </u>
Burial robe, <u> </u>	Carriages at Funeral, <u> </u>
Preserving Body with <u> </u>	Death Notices in <u> </u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Wilfred Rougeau</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 108

FOR THE FUNERAL OF

Total to Date.....

Mary Elizabeth Murphy

Date of Death, *December 22* 190*6* Color *white* Age *11* Years. *22* Months. *22* Days.

Name of Deceased, *Mary E. Murphy*

Place of death, *No. Adams* Street, *33 Washington* Ward No. *22*

Residence, *No. Adams* Sex, *female* Single, *Single* Married, *Single*

Occupation, *None* Wife of *John Murphy*

Birth-place, *No. Adams Mass* Widow of *John Murphy*

Name of Father, *John Murphy* His Birth-place, * *Stockbridge Mass*

Maiden Name of Mother, *Harriet Shorttison* Her Birth-place, * *Walesville N. Y.*

Cause of death, } Primary, *None* Duration, *None*

Cause of death, } Secondary, *None* Duration, *None*

Certifying Physician, *Dr. Stafford* His Residence, *lot*

Place of burial, *No. Adams* Cemetery, Lot or Grave No. *184 grave #3* Section No. *3*

Funeral Services at *None*

Time of Services, *None*

Date of Interment, *None* 190*6*

Diagram of Burial Lot. *None*

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this *1* for every Grave in it. And mark this Burial with double dagger thus: *†*

Designate site of Monument thus: *□*

Casket or Coffin Number, <i>#5</i>	Candles, <i>2 lbs</i>
Size, <i>2/6</i> Made by <i>Florence</i>	Gloves, <i>None</i>
Lining, <i>white</i>	Hearse to <i>None</i> Cemetery <i>None</i>
Handles, <i>Sil.</i>	Carriage for <i>None</i>
Plate, <i>Blue Darling</i>	" " <i>None</i>
Outside Box, <i>Pine</i>	" " <i>None</i>
Burial robe, <i>Blue dress</i>	Carriages at Funeral, <i>2</i>
Preserving Body with <i>absorption</i>	Death Notices in <i>Wailies</i>
Washing and Dressing, <i>None</i>	
Shaving, <i>None</i>	
Services, <i>None</i>	
Use of Chairs, <i>None</i>	Goods ordered by <i>John Murphy</i>
Cemetery Fee, <i>None</i>	Bill charged to <i>John Murphy</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 110

FOR THE FUNERAL OF

Total to Date

Catharine Callaghan,

Date of Death, December 31, 1906 Color † white Age { 69 Years.
— Months
— Days.

Name of Deceased, Catharine Callaghan,

Place of death, No. Adams Mass. Street, 37 Blackington Ward No.

Residence, " " " Sex, female Single, Married, Widowed

Occupation, None Wife of Patrick Callaghan

Birth-place, Ireland Widow of

Name of Father, John M. Kelly His Birth-place, * Ireland.

Maiden Name of Mother, Alice M. Guish Her Birth-place, *

Cause of death, Primary, Cerebral Hemorrhage Duration, 6 weeks

Cause of death, Secondary, Duration,

Certifying Physician, C. J. Curran, His Residence, Eagle St

Place of burial, No. Adams S. View Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis Church

Time of Services, 9 A M Jan. 21 1907

Date of Interment, Jan 21 1907

Diagram of Burial Lot. }

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1210	Candles,
Size, 5/9 Made by National	Gloves, 6 Pk.
Lining, White	Hearse to S. View Cemetery
Handles, Sil & Satin	Carriage for
Plate, Sil	" "
Outside Box, Pine	" "
Burial robe, Black Cashmere	Carriages at Funeral,
Preserving Body with Savitz	Death Notices in Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by James Callaghan
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 1Total to Date 111

FOR THE FUNERAL OF

Margaret C. Meard

Date of Death, January 3 1907 Color White Age { 47 Years.
Months.
Days.

Name of Deceased, Margaret C. Meard

Place of death, No Adams Mass Street, 158 Union St. Ward No.

Residence, " Sex, female Single, Married

Occupation, None Wife of James C. Meard

Birth-place, Ireland Widow of

Name of Father, John Carroll His Birth-place, * Ireland

Maiden Name of Mother, Margaret Cunningham Her Birth-place, *

Cause of death, { Primary, Duration,

Cause of death, { Secondary, Duration,

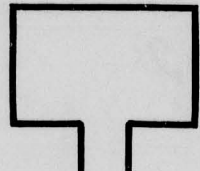
Certifying Physician, His Residence,

Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at St Francis

Time of Services, 9 A.M. Jan 5 '07

Date of Interment, January 5 1907

Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †  Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>88 1/2 H.C. Bristol</u>	Candles, <u>5 lbs</u>
Size, <u>6/8</u> Made by <u>Bristol</u>	Gloves, <u>6 Pr.</u>
Lining, <u>White Silk</u>	Hearse to <u>St Joseph's Cemetery</u>
Handles, <u>Sil & Satin</u>	Carriage for <u></u>
Plate, <u></u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Brown Cash.</u>	Carriages at Funeral, <u>Several</u>
Preserving Body with <u>Art & Cavity</u>	Death Notices in <u>Harles</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>James C. Meard</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 4

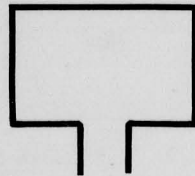
FOR THE FUNERAL OF

Total to Date 114

Wladeslow Petrarich

Date of Death, January 10, 1907, Color † White, Age { 2 Years, 2 Months, 2 Days.
Name of Deceased, Wladeslow Petrarich.
Place of death, No Adams Mass Street, 13 Washington Ave. Ward No.
Residence, 13 Washington Ave. Sex, Male Single, Single Married,
Occupation, None Wife of
Birth-place, No Adams Widower of
Name of Father, George Petrarich His Birth-place, * Russia
Maiden Name of Mother, Katharine Kaszy Her Birth-place, * Austria
Cause of death, { Primary, Bronchitis Duration, 7 days
Cause of death, { Secondary, Duration,
Certifying Physician, J. H. Stafford His Residence, Summer St.
Place of burial, No Adams St. Josephs, Cemetery, Lot or Grave No. 65 Section No. Single
Funeral Services at, None
Time of Services,
Date of Interment, 1907

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. H. Sq.	Candles,
Size, 2 1/2 Made by Woolly.	Gloves,
Lining, white Satin	Hearse to Cemetery
Handles, Lamb	Carriage for
Plate, Our Darling	" "
Outside Box, Pine	" "
Burial robe, own clothes	Carriages at Funeral,
Preserving Body with absorption	Death Notices in Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Geo Petrarich
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 5Total to Date 115

FOR THE FUNERAL OF

Dominico Francischetti

Date of Death, January 13 1907 Color White Age 85 Years. 3 Months. Days.

Name of Deceased, Dominico FrancischettiPlace of death, No. Adams Hospital Street, Ward No. 3Residence, Monroe Bridge Sex, Male Single, Married, MarriedOccupation, Laborer Wife of Birth-place, Austria Widow of Name of Father, John Francischetti His Birth-place, * AustriaMaiden Name of Mother, Mary Scolastico Her Birth-place, * "Cause of death, } Primary, Lobar Pneumonia Duration, Cause of death, } Secondary, Duration, Certifying Physician, Dr. M. M. Brown His Residence, Wesleyan St.Place of burial, No. Adams Mass. Cemetery, Lot or Grave No. 704 Section No. FiveFuneral Services at NoneTime of Services, Date of Interment, 190Diagram of
Burial Lot. }

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <u># 1 coffin</u>	Candles, <u>None</u>
Size, <u>5/6</u> Made by <u>Florence</u>	Gloves, <u></u>
Lining, <u>White Plain</u>	Hearse to <u>Hillside Tomb</u> Cemetery
Handles, <u>Nickel</u>	Carriage for <u></u>
Plate, <u>None</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>Caity</u>	Death Notices in <u>Hailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Louis Frate</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 7Total to Date 117

FOR THE FUNERAL OF

Bridget Neary

Date of Death, January 27, 1907 Color White Age 67 Years. — Months. — Days.

Name of Deceased, Bridget Neary

Place of death, No. Adams Mass. Street, 8 Rand St. Ward No. 5

Residence, " Sex, female Single, Widowed Married, "

Occupation, None Wife of William Neary

Birth-place, Ireland Widow of "

Name of Father, Michael Sullivan His Birth-place, Ireland

Maiden Name of Mother, Unknown Her Birth-place, "

Cause of death, Primary, Valvular disease of heart Duration, "

Cause of death, Secondary, " Duration, "

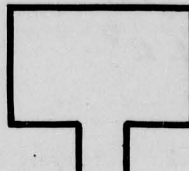
Certifying Physician, Crofts His Residence, Main St

Place of burial, Adams Mass. Cemetery, Lot or Grave No. " Section No. "

Funeral Services at St. Francis

Time of Services, "

Date of Interment, April 14, 1907

Diagram of Burial Lot. 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1770</u>	Candles, <u>6 lbs</u>
Size, <u>6/8 Extra</u> Made by <u>National</u>	Gloves, <u>6 Pr</u>
Lining, <u>Liberty Satin Chiffon</u>	Hearse to <u>Adams Cemetery</u>
Handles, <u>Uld Silver</u>	Carriage for <u>"</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Black Cashmere</u>	Carriages at Funeral, <u>11</u>
Preserving Body with <u>Perf & Cavity</u>	Death Notices in <u>Herald</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Mrs. Agnes Callaghan</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 9Total to Date 119

FOR THE FUNERAL OF

Margaret DempseyDate of Death, Feb. 2 1907 Color White Age 43 Years. 7 Months. 7 Days.Name of Deceased, Margaret DempseyPlace of death, No. Adams Mass. Street, 2 Marshall Ward No. Residence, " Sex, female Single, MarriedOccupation, Housewife Wife of Mathew DempseyBirth-place, Ireland Widow of Name of Father, James Mulcare His Birth-place, IrelandMaiden Name of Mother, Katharine Holland Her Birth-place, "Cause of death, Primary, Inflam Rheumatism Duration, 6 weeksCause of death, Secondary, Duration, Certifying Physician, C. J. Curran His Residence, EaglePlace of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No. Funeral Services at St Francis ChurchTime of Services, 9 A M Feb 5 '07Date of Interment, Feb 5 1907Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Sil Grey Oct</u>	Candles, <u>8 lbs</u>
Size, <u>5/9</u> Made by <u>Boston B Co</u>	Gloves, <u>6 P Grey</u>
Lining, <u>White Silk</u>	Hearse to <u>Hillside Cemetery</u>
Handles, <u>Sil Extensions</u>	Carriage for <u></u>
Plate, <u>Sil</u>	" " <u></u>
Outside Box, <u>Chestnut</u>	" " <u></u>
Burial robe, <u>Sil grey</u>	Carriages at Funeral, <u>9 x 3 seater</u>
Preserving Body with <u>Six & Cavity</u>	Death Notices in <u>Lilies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Mathew Dempsey</u>
Cemetery Fee, <u></u>	Bill charged to <u>61</u>

DR.

CR.

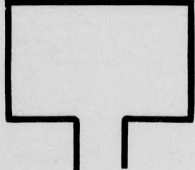
RECORD AND BILL OF ITEMS

Yearly No. 10

FOR THE FUNERAL OF

Total to Date 120

Anna Hoyer

Date of Death, *Feb. 3* 190*7* Color *White* Age { *80* Years.
Name of Deceased, *Anna Hoyer* 8 Months.
Place of death, *St. Adams Mass* Street, *248 1/2 River* Ward No. *2*
Residence, " " Sex, *female* Single, *Widowed* Married,
Occupation, *None* Wife of *John Hoyer*
Birth-place, *Ireland* Widow of " "
Name of Father, *Patrick Lushan* His Birth-place, * *Ireland*
Maiden Name } *Bridget Rogers* Her Birth-place, * "
Cause of death, } Primary, *Pulmonary Asthma* Duration, "
Cause of death, } Secondary, " Duration, "
Certifying Physician, *Riley* His Residence, *Main St.*
Place of burial, *No. Adams Hillside* Cemetery, Lot or Grave No. " Section No. "
Funeral Services at *St. Francis Church*
Time of Services, *10 A.M. Feb. 5, '07*
Date of Interment, *Feb. 5* 190*7* Diagram of }  Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †
Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>1090</i>	Candles, <i>4 lbs.</i>
Size, <i>5 1/6</i> Made by <i>National</i>	Gloves, <i>6 Pr black</i>
Lining, <i>white Silk</i>	Hearse to <i>Hillside</i> Cemetery
Handles, <i>Sil Extensions</i>	Carriage for
Plate, <i>Sil</i>	" "
Outside Box, <i>Chestnut</i>	" "
Burial robe, <i>Black Cash.</i>	Carriages at Funeral, <i>5</i>
Preserving Body with <i>Art & Cavity</i>	Death Notices in <i>Wailis</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Catharine Hoyer</i>
Cemetery Fee,	Bill charged to <i>1</i>

Dr.

Cr.

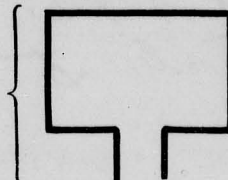
RECORD AND BILL OF ITEMS

Yearly No. 11Total to Date 121

FOR THE FUNERAL OF

Margaret E. Reagan

Date of Death, Feb. 3 1907 Color White Age { 18 Years.
18 Months.
18 Days.
 Name of Deceased, Margaret Elizabeth Reagan
 Place of death, No. Adams Hospital Street, Ward No.
 Residence, Eagle St. No. Adams Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, No. Adams Hospital Widow of
 Name of Father, James A. Reagan His Birth-place, * Cheshire Mass.
 Maiden Name of Mother, Anna Reynolds Her Birth-place, * Ireland
 Cause of death, { Primary, Pneumonia Duration, 8 days
 Cause of death, { Secondary, None Duration,
 Certifying Physician, E. J. Curran His Residence, Eagle
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at, None
 Time of Services, "
 Date of Interment, " 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P. K. Sq.</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>Woolley</u>	Gloves, <u>"</u>
Lining, <u>Satin</u>	Hearse to <u>"</u> Cemetery
Handles, <u>Sil. Lamin.</u>	Carriage for <u>"</u>
Plate, <u>Wool Harling</u>	" " <u>"</u>
Outside Box, <u>None</u>	" " <u>"</u>
Burial robe, <u>Wool & Lotion</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>"</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>James E. Reagan</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

CR.

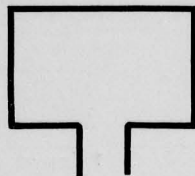
RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to Date 122

George F. Gaur

Date of Death, *Feb 10* 190*7* Color *White* Age { *68* Years.
 Name of Deceased, *George Frederick Gaur* {
 Place of death, *No Adams Mass* Street, *70 Kemp Ave* Ward No. {
 Residence, " " Sex, *Male* Single, " Married, *Married*
 Occupation, *Laborer* Wife of
 Birth-place, *Florida Mass* Widow of
 Name of Father, *Theodore Gaur* His Birth-place, * *Unknown*
 Maiden Name of Mother, } *Almira Bassett* Her Birth-place, * *Florida Mass*
 Cause of death, { Primary, *Apoplexy* Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, *Wm F. McGrath* His Residence, *Holden St*
 Place of burial, *Florida Mass* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *Home*
 Time of Services, *Feb 12 '07*
 Date of Interment, 190
 Diagram of Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>#1</i>	Candles, <i>None</i>
Size, <i>5/9</i> Made by <i>Florence</i>	Gloves, <i>"</i>
Lining, <i>White Plain</i>	Hearse to Cemetery
Handles, <i>Nickel</i>	Carriage for <i>family</i>
Plate, <i>None</i>	" " "
Outside Box, <i>"</i>	" " "
Burial robe, <i>#0</i>	Carriages at Funeral, <i>One</i>
Preserving Body with <i>Carity</i>	Death Notices in <i>Wailers</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>H. H. Ingraham</i>
Cemetery Fee,	Bill charged to <i>City No Adams</i>

DR.

CR.

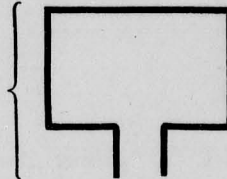
RECORD AND BILL OF ITEMS

Yearly No. 13Total to Date 123

FOR THE FUNERAL OF

Thomas Plass

Date of Death, Feb 10 1907 Color White Age { 77 Years.
— Months.
— Days.
 Name of Deceased, Thomas Plass
 Place of death, No Adams Mass Street, 233 Union St Ward No. 11
 Residence, — Sex, Male Single, — Married, Married
 Occupation, Laborer Wife of —
 Birth-place, Taconia N Y Widow of —
 Name of Father, Abraham Plass His Birth-place, * Unknown
 Maiden Name of Mother, Unknown Her Birth-place, * —
 Cause of death, { Primary, Nephritis Duration, —
 Cause of death, { Secondary, — Duration, —
 Certifying Physician, Forster His Residence, Union St
 Place of burial, South View Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at, Home
 Time of Services, Feb 12 '07
 Date of Interment, — 190—

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>None</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White Silk</u>	Hearse to, <u>Hillside Cemetery</u>
Handles, <u>Alx</u>	Carriage for, <u>—</u>
Plate, <u>Opide</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u># 0</u>	Carriages at Funeral, <u>4 & 3 seater</u>
Preserving Body with <u>Alx & Cavity</u>	Death Notices in <u>Localities</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Isabelle Plass</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to Date 24

Felice Sabelio

Date of Death, February 10 1907 Color White Age { 36 Years.
 Name of Deceased, Felice Sabelio Months
 Days.
 Place of death, No Adams Hospital Street, 12 Ward No.
 Residence, Roual Vt. Sex, Male Single, Single Married,
 Occupation, Labourer Wife of
 Birth-place, Italy Widow of
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Septicemia Duration, 6 days
 Cause of death, { Secondary, M. E. K. Duration,
 Certifying Physician, Ch. J. Brown His Residence, Main St.
 Place of burial, So View Cemetery, Lot or Grave No. 699 Section No. Free
 Funeral Services at
 Time of Services,
 Date of Interment, 190

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number,				Candles,			
Size,	Made by			Gloves,			
Lining,				Hearse to	Cemetery		
Handles,				Carriage for			
Plate,				" "			
Outside Box,				" "			
Burial robe,				Carriages at Funeral,			
Preserving Body with				Death Notices in			
Washing and Dressing,							
Shaving,							
Services,							
Use of Chairs,				Goods ordered by			
Cemetery Fee,				Bill charged to			

Dr.

Cr.

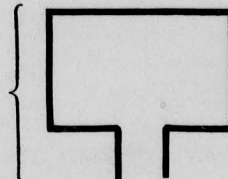
RECORD AND BILL OF ITEMS

Yearly No. 10Total to Date 125

FOR THE FUNERAL OF

Rose Lyons

Date of Death, Feb 15 1907 Color White Age { 12 Years.
19 Months.
7 Days.

Name of Deceased, Rose LyonsPlace of death, No Adams Hospital Street, 12 Ward No. 12Residence, 286 Union St. Sex, female Single, Single Married, SingleOccupation, None Wife of James LyonsBirth-place, Adams Mass. Widow of James LyonsName of Father, James Lyons His Birth-place, * Glensfalls N.Y.Maiden Name of Mother, Mabel Ferguson Her Birth-place, * Green Island N.Y.Cause of death, { Primary, Appendicitis Duration, Cause of death, { Secondary, Duration, Certifying Physician, Croft's His Residence, Main StPlace of burial, Adams Mass Cemetery, Lot or Grave No. Maple St Section No. Funeral Services at St Francis ChurchTime of Services, Feb 18, '07Date of Interment, 1907Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Sit Grey</u> <u>3061 1/2</u>				Candles, <u>4 lbs</u>			
Size, <u>5/9</u> Made by <u>Florence</u>				Gloves, <u>6 Pr Grey</u>			
Lining, <u>White Silk purple flower</u>				Hearse to <u>Adams</u> Cemetery			
Handles, <u>Sil</u>				Carriage for			
Plate, <u>"</u>				" "			
Outside Box, <u>Pine</u>				" "			
Burial robe, <u>White Silk</u>				Carriages at Funeral, <u>5</u>			
Preserving Body with <u>Art & Cavity</u>				Death Notices in <u>Waile's</u>			
Washing and Dressing,							
Shaving,							
Services,							
Use of Chairs,				Goods ordered by <u>James Lyons</u>			
Cemetery Fee,				Bill charged to <u>"</u>			

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to Date 126

Hannah Horan

Date of Death, Feb 17 1907 Color † White Age { 80 Years.
 Name of Deceased, Hannah Horan 14 Months
 Place of death, No Adams Mass Street, 74 Meadow St Ward No.
 Residence, Sex, female Single, Married, Married
 Occupation, None Wife of John Horan
 Birth-place, Ireland Widow of
 Name of Father, Morris Toomey His Birth-place, * Ireland
 Maiden Name of Mother, Unknown Her Birth-place, *
 Cause of death, { Primary, Apoplexy Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Curran His Residence, Eagle St.
 Place of burial, Westfield Mass Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St Francis Church
 Time of Services, 9:45 A M, Feb, 19, 07
 Date of Interment, Feb 19 1907 Diagram of }
 Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1770	Candles, 5 lbs
Size, 5/9 Made by, National	Gloves, 6 Pk black
Lining, White Satin	Hearse to, West. Cemetery
Handles, Extra old Silver	Carriage for
Plate, Old Silver	" "
Outside Box, Chestnut	" "
Burial robe, None	Carriages at Funeral, 5 & 3 seater
Preserving Body with	Death Notices in, Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Thos Calnan
Cemetery Fee,	Bill charged to, 11 50

DR.

CR.

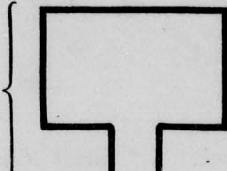
RECORD AND BILL OF ITEMS

Yearly No. 17Total to Date 227

FOR THE FUNERAL OF

Lia Bissailon

Date of Death, February 17 1907 Color White Age 44 Years. 15 Months. 15 Days.

Name of Deceased, Lia BissailonPlace of death, No Adams Hospital Street, 15 Ward No. 15Residence, Willow Dell Sex, female Single, Married Married, maimedOccupation, None Wife of Fred BissailonBirth-place, Canada Widow of NoneName of Father, Peter Bissard His Birth-place, * CanMaiden Name of Mother, Marceline Aubert Her Birth-place, * CanCause of death, Primary Duration, NoneCause of death, Secondary Duration, NoneCertifying Physician, Mr. Guath His Residence, Holden St.Place of burial, No Adams So View Cemetery, Lot or Grave No. 693 Section No. 1Funeral Services at Notre DameTime of Services, 9:40 A.M. Feb 20, 07Date of Interment, Feb 1907Diagram of Burial Lot. Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>62</u>	Candles, <u>4 lbs</u>
Size, <u>6/8 Extra</u> Made by <u>Florence</u>	Gloves, <u>6 Pk black</u>
Lining, <u>White Silkalene</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>None</u>	" "
Burial robe, <u># 0</u>	Carriages at Funeral, <u>Two & 8 seats</u>
Preserving Body with <u>Fix & Cavity</u>	Death Notices in <u>Whiskies</u>
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by <u>Fred Bissailon</u>
Cemetery Fee	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

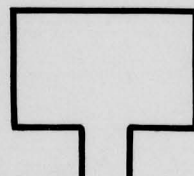
Yearly No. 18

FOR THE FUNERAL OF

Total to Date 228

Michael Boland

Date of Death, Feb 18 1907 Color † White Age { 65 Years.
 Name of Deceased, Michael Boland 16
 Place of death, No Adams Mass Street, 5 High St Ward No.
 Residence, " " Sex, Male Single, Married, Married
 Occupation, R R Flagman Wife of
 Birth-place, Ireland. Widow of
 Name of Father, Unknown His Birth-place, * Unknown
 Maiden Name }
 of Mother, } Her Birth-place, *
 Cause of death, } Primary, Apoplexy Duration, 4 days
 Cause of death, } Secondary, Duration,
 Certifying Physician, Crafts, His Residence, Main St,
 Place of burial, Hillside No Adams, Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St Francis Church,
 Time of Services, Feb 20 9 A M,
 Date of Interment, Feb 20 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 9010	Candles, 4 lbs
Size, 6/8 Made by National	Gloves, 6 P. black
Lining, White Satin	Hearse to Hillside Cemetery
Handles, 1/2 x broad Cloth	Carriage for
Plate, 1/2	" "
Outside Box, Chestnut	" "
Burial robe, Brown Suit	Carriages at Funeral, 7
Preserving Body with 4x7 Cavity	Death Notices in, Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs Boland
Cemetery Fee,	Bill charged to Michael Boland Est

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 19

Total to Date 229

FOR THE FUNERAL OF

Date of Death, Feb 28 1907 Color White Age Months

Name of Deceased, Joseph Russo 17

Place of death, *No Adams Hospital* Street, **Ward No.**

Residence, New York City Sex, Male Single, Married

Occupation, Laborer Wife of _____

Birth-place, Italy Widow of _____

Name of Father, His Birth-place, *

Maiden Name }
of Mother, { Injuries from Her Birth-place, *

Cause of death, } Primary Dynamite Explosion Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, R. J. Brown M. D. His Residence, Main St.

Place of burial, Hillside Tomb Cemetery, Lot or Grave No. 702 Section No. Free

Funeral Services at.....

Time of Services,.....

Date of Interment, 190

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, # 1200 Candles, None

Size, 5/ Made by, National Gloves,

Lining: White Hearse to Cemetery

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

[illegible]

Outside Box, Five

Burial robe, <u>## 0</u>		Carriages at Funeral, <u>3</u>	
--------------------------	--	--------------------------------	--

Preserving Body with cavity Death Notices in Wardley

[illegible]

Shaving.....					
--------------	-------	-------	-------	-------	-------

Services,				<i>P. James Lacey</i>
-----------	--	--	--	-----------------------

Use of Chairs,			Goods ordered by <i>John W. Bailey & Co</i>
----------------------	-------	-------	---

Cemetery Fee,			Bill charged to / / 4.00	
---------------------	-------	-------	--------------------------------	-------

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 20

FOR THE FUNERAL OF

Total to Date 230

Frank Deserzo

Date of Death, Feb 20 1907 Color † White Age { 33 Years.
18 Months
Days.

Name of Deceased, Frank Deserzo

Place of death, No Adams Hospital Street, Ward No.

Residence, New York City Sex, Male Single, Single Married,

Occupation, Laborer Wife of

Birth-place, Italy Widow of

Name of Father, His Birth-place, *

Maiden Name } of Mother, } Her Birth-place, *

Cause of death, } Primary, Injuries from Dynamite explosion Duration, 4 hrs.

Cause of death, } Secondary, Duration,

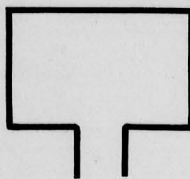
Certifying Physician, U. J. Brown M. D., His Residence, Main St.,

Place of burial, New York City Cemetery, Lot or Grave No. Section No.

Funeral Services at, None

Time of Services, 2

Date of Interment, 2 190 Diagram of Burial Lot. {



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, Pine Box	Candles, None
Size, 5/4 Made by Florence	Gloves, "
Lining, Muslin	Hearse to, " Cemetery
Handles, Nickel	Carriage for, "
Plate, None	" "
Outside Box, Pine	" "
Burial robe, Black Cash.	Carriages at Funeral, "
Preserving Body with Savory	Death Notices in, Railies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Toni Stigliano
Cemetery Fee,	Bill charged to, John W. Bailey & Co.

DR.

CR.

RECORD AND BILL OF ITEMS

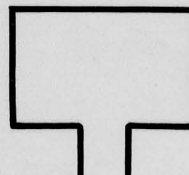
Yearly No. 22

FOR THE FUNERAL OF

Total to Date 132

Ellen Kehoe

Date of Death, *Feb. 26* 190 *7* Color † *White* Age { *28* Years.
 Name of Deceased, *Ellen Kehoe* 20 Months
 Days.
 Place of death, *No. Adams Hospital* Street, Ward No.
 Residence, *485 Church St.* Sex, Single, Married,
 Occupation, *Print Worker Hand* Wife of
 Birth-place, *No. Adams Mass* Widow of
 Name of Father, *James Kehoe* His Birth-place, * *Ireland*
 Maiden Name of Mother, *Bridget Hanley* Her Birth-place, *
 Cause of death, { Primary, *cholecolitis* Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, *C. J. Curran* His Residence,
 Place of burial, *Hillside* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *St. Francis*
 Time of Services, *10 A M. Feb. 28 '07*
 Date of Interment, *Feb. 28* 190 *7*

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>S. C. P. D. S. Boston B. B. Co.</i>	Candles, <i>6 lbs</i>
Size, <i>5/9</i> Made by <i>B. B. Co.</i>	Gloves, <i>6 Pr Grey</i>
Lining, <i>White Satin</i>	Hearse to <i>Hillside</i> Cemetery
Handles, <i>Wld Sil</i>	Carriage for
Plate, <i>"</i>	" "
Outside Box, <i>Chestnut</i>	" "
Burial robe, <i>Cream Satin</i>	Carriages at Funeral, <i>7 & 3 seater</i>
Preserving Body with <i>Cavity</i>	Death Notices in <i>Herald</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>James Kehoe</i>
Cemetery Fee,	Bill charged to <i>"</i>

Dr.

Cr.

Total to Date 133

FOR THE FUNERAL OF

Beatrice Barber.

Diagram of
Burial Lot.

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <i>P.H. Sq.</i>	Candles, <i>None</i>
Size, <i>22 in</i> Made by <i>Woolley</i>	Gloves, <i>"</i>
Lining, <i>White</i>	Hearse to <i>"</i> Cemetery <i>"</i>
Handles, <i>None</i>	Carriage for <i>"</i>
Plate, <i>"</i>	<i>"</i> <i>"</i>
Outside Box, <i>"</i>	<i>"</i> <i>"</i>
Burial robe, <i>own clothes</i>	Carriages at Funeral, <i>"</i>
Preserving Body with <i>None</i>	Death Notices in <i>Wailis</i>
Washing and Dressing, <i>"</i>	
Shaving, <i>"</i>	
Services, <i>"</i>	
Use of Chairs, <i>"</i>	Goods ordered by <i>Patrick Barber</i>
Cemetery Fee, <i>"</i>	Bill charged to <i>"</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 24

FOR THE FUNERAL OF

Total to Date 134

B Joseph Leonasio

Date of Death, Feb 27 1907 Color † white Age { 22 Years. 4 Months. Days.

Name of Deceased, Joseph Leonasio

Place of death, No Adams Mass Street, 115 State St. Ward No.

Residence, Sex, Male Single, Married,

Occupation, None Wife of

Birth-place, No Adams, Widow of

Name of Father, Pietro Leonasio His Birth-place, * Italy

Maiden Name of Mother, Mary Pinguet Her Birth-place, *

Cause of death, { Primary, Pneumonia Duration, 3 days

Cause of death, { Secondary, Duration,

Certifying Physician, W A Brasseur His Residence, Eagle St

Place of burial, So View Cemetery, Lot or Grave No. 708 Section No. Five

Funeral Services at, None

Time of Services,

Date of Interment, 1907

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 201 1/2	Candles, 2 lbs.
Size, 2 1/8 Made by Florence	Gloves, "
Lining, white	Hearse to, Cemetery
Handles, Sil	Carriage for, "
Plate, Chas Darling	" " "
Outside Box, Pine	" " "
Burial robe, own Clothes	Carriages at Funeral,
Preserving Body with, absorption	Death Notices in, Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Pietro Leonasio
Cemetery Fee,	Bill charged to, "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 25Total to Date 135

FOR THE FUNERAL OF

Mary Rose Bianco

Date of Death, Mar. 2 1907 Color White Age 2 Years. 1 Months. 2 Days.

Name of Deceased, Mary Rose Bianco

Place of death, No Adams Mass Street, 347 State St Ward No. 23

Residence, " Sex, female Single, Single Married, "

Occupation, None Wife of "

Birth-place, No Adams Mass Widow of "

Name of Father, John Bianco His Birth-place, Italy

Maiden Name of Mother, Rose Barbero Her Birth-place, "

Cause of death, } Primary, Hypertension Duration, "

Cause of death, } Secondary, " Duration, "

Certifying Physician, Mc Grath His Residence, Holden

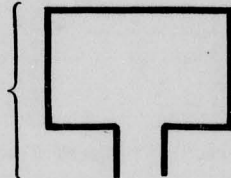
Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Tomb Section No. "

Funeral Services at None

Time of Services, "

Date of Interment, Mar 2 1907

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>013</u>			Candles, <u>None</u>		
Size, <u>3/3</u> Made by <u>Florence</u>			Gloves, <u>"</u>		
Lining, <u>White Plain</u>			Hearse to <u>Hillside Tomb</u> Cemetery		
Handles, <u>Silk Plush</u>			Carriage for <u>family</u>		
Plate, <u>Sil</u>			" "		
Outside Box, <u>Pine</u>			" "		
Burial robe, <u>own clothes</u>			Carriages at Funeral, <u>One</u>		
Preserving Body with <u>None</u>			Death Notices in <u>Wailis</u>		
Washing and Dressing, <u>"</u>					
Shaving, <u>"</u>					
Services, <u>"</u>					
Use of Chairs, <u>"</u>			Goods ordered by <u>John Bianco</u>		
Cemetery Fee, <u>"</u>			Bill charged to <u>"</u>		

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to Date...../ 36

FOR THE TOWN OF

..... *Charles Connor*

Date of Death, *Mar. 2* 190*7* Color † *White* Age { *29* Years.
..... Months
..... Days.

Name of Deceased, *Charles Connor* *24*

Place of death, *No Adams Mass.* Street, *98 Vezio St* Ward No.

Residence, " " Sex, *Male* Single, Married, *Married*

Occupation, *Labored* Wife of

Birth-place, *Ireland* Widow of

Name of Father, *Patrick Connor* His Birth-place, * *Ireland*

Maiden Name } of Mother, } Her Birth-place, * "

Cause of death, } Primary, *Tuberculosis* Duration, *90 days*

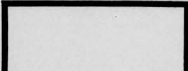
Cause of death, } Secondary, *Anaemia* Duration, *60.*

Certifying Physician, *W F Mc Guath* His Residence, *Holden St.*

Place of burial, *No Adams* Cemetery, Lot or Grave No. Section No.

Funeral Services at *St Francis Church*

Time of Services, *9 A M Mar 4 '07*

Date of Interment, *Mar. 4* 190*7* Diagram of) 

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

† State whether *White* or *Black*. * Insert *Town* and *State*.

Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

Casket or Coffin Number, # 62	Candles, 5 lbs
Size, 5/9 Made by Florence	Gloves, 6 Pk black
Lining, Satin	Hearse to Hillside Tomb Cemetery
Handles, Sil	Carriage for
Plate, Silver	" "
Outside Box, Pine	" "
Burial robe, Own Clothes	Carriages at Funeral, 5
Preserving Body with Art & Cavity	Death Notices in Hailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs. Chas. Corrado
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 27Total to Date 137

FOR THE FUNERAL OF

Elizabeth HealeyDate of Death, March 9 1907 Color White Age 27 Years. 25 Months. 25 Days.Name of Deceased, Elizabeth HealeyPlace of death, No Adams Mass Street, 1148 Houghton Ward No. Residence, " Sex, female Single, Single Married, Occupation, Waitress Wife of Birth-place, No Adams Mass Widow of Name of Father, Dennis Healey His Birth-place, IrelandMaiden Name of Mother, Mary Hanlon Her Birth-place, "Cause of death, Pulmonary Tuberculosis Primary, 1 year Duration, 1 yearCause of death, Secondary, Duration, Certifying Physician, C. J. Curran His Residence, Eagle StPlace of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No. Funeral Services at St FrancisTime of Services, 9 A.M. Mar 11 '07Date of Interment, March 11 1907Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Manifold</u>	Candles, <u>7 lbs</u>
Size, <u>6/8</u> Made by <u>Boston & Co</u>	Gloves, <u>6 Pr Grey</u>
Lining, <u>White Silk</u>	Hearse to <u>St Joseph's Cemetery</u>
Handles, <u>Silver Exten</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine Cashmere</u>	" " <u></u>
Burial robe, <u>Wool Dress</u>	Carriages at Funeral, <u>6-3 seats</u>
Preserving Body with <u>Cavity</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Josephine Healey</u>
Cemetery Fee, <u></u>	Bill charged to <u>Mrs Dennis Healey</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to Date...../ 38

David Murray

Date of Death, March 10 1907 Color † White Age { 41 Years.
26 Months
Days.

Name of Deceased, David Murray

Place of death, No. Adams Mass. Street, Gaylock Crossing Ward No.

Residence, Fall River Mass. Sex, Male Single, Single Married,

Occupation, Weaver Wife of

Birth-place, Canada Widow of

Name of Father, Frank Murray, His Birth-place, * Canada

Maiden Name of Mother, { Celise Cadron Her Birth-place, * Canada

Cause of death, { Primary, injuries from being hit by R.R. train Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, U. J. Brown M. D. His Residence, Church St.

Place of burial, Hillside Tomb Cemetery, Lot or Grave No. Section No.

Funeral Services at, Notre Dame

Time of Services, 9 A.M. Mar. 13 '07

Date of Interment, M 1907 Diagram of

Put in the Diagram one mark like this
for every Grave in it. And mark this

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <u>1210</u>	Candles, <u>4 lbs</u>
Size, <u>6/8</u> Made by <u>National</u>	Gloves, <u>6 Pk black</u>
Lining, <u>White Satin</u>	Hearse to <u>Hillside Tomb</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>B. Cashmere</u>	Carriages at Funeral, <u>4/3 seater</u>
Preserving Body with <u>alcoform</u>	Death Notices in <u>Dailies</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Murray Bros.</u>
Cemetery Fee,	Bill charged to

DR.

CR.

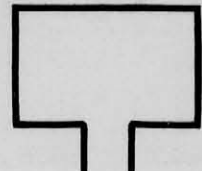
RECORD AND BILL OF ITEMS

Yearly No. 29

Total to Date 139

FOR THE FUNERAL OF

Margaret O'Neil

Date of Death, March 12 1907 Color $\dagger$ White Age { 71 Years.
 Name of Deceased, Margaret O'Neil 27 Months.
 Place of death, No. Adams Mass Street, 46 W. Main Ward No.
 Residence, 88 Liberty St. Sex, Female Single, Married, Married
 Occupation, None Wife of Michael
 Birth-place, Ireland Widow of
 Name of Father, James Flaherty His Birth-place, * Ireland
 Maiden Name of Mother, Unknown Her Birth-place, *
 Cause of death, { Primary, apoplexy Duration, 6 days
 Cause of death, { Secondary, Duration,
 Certifying Physician, W. F. M. Guath His Residence, Holden St
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A.M. Mar 14 '07
 Date of Interment, Mar 14 1907 April 26 '07
 Diagram of Burial Lot. }  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: $\ddagger$
 Designate site of Monument thus: 

$\dagger$ State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1210	Candles,
Size, 6 1/2 Made by National	Gloves, 6 P.V. black
Lining, White Silk	Hearse to, Hillside Tomb Cemetery
Handles, Ux	Carriage for,
Plate, Ux	" "
Outside Box, 6 Chestnut	" "
Burial robe, B. Cashmere	Carriages at Funeral,
Preserving Body with, E. S. S.	Death Notices in, Dr. O'Neil
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Michael O'Neil
Cemetery Fee,	Bill charged to,

DR.

CR.

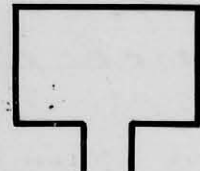
RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to Date 140

Catherine O'Connell

Date of Death, March 15 1907 Color † White Age 28 Years.
 Name of Deceased, Catherine O'Connell Months
 Place of death, No Adams Mass Street, 297 River St, Ward No. Days.
 Residence, Stamford, Vt. Sex, female Single, Married, Widowed
 Occupation, None Wife of
 Birth-place, Ireland Widow of Daniel O'Connell
 Name of Father, His Birth-place, *
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, } Primary, Broncho Pneumonia Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Russell His Residence, River St
 Place of burial, No Adams So View Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis Church,
 Time of Services, 2 P. M. Mar 17, 07.
 Date of Interment, March 17 1907 Diagram of Burial Lot.  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 160	Candles, 4 lbs
Size, 5/6 Made by Boston P.C. Co.	Gloves, 6 Pr Black
Lining, White Satin	Hearse to, So View Cemetery
Handles, Sil	Carriage for,
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Black Cashmere	Carriages at Funeral, Six
Preserving Body with, Esco	Death Notices in, Lailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Patrick Broderick
Cemetery Fee,	Bill charged to, Catherine O'Connell &

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 31

Total to Date.....141

FOR THE FUNERAL OF

Agnes Commers

Date of Death, *March 16* 190*7* Color *White* Age { *5* Years.
Name of Deceased, *Agnes Commers*, 29 { Months.
Place of death, *No Adams Mass* Street, *235 River St* Ward No. Days.
Residence, " " Sex, *female* Single, *Single* Married,
Occupation, *None* Wife of
Birth-place, *No Adams* Widow of
Name of Father, *Charles Commers* His Birth-place, * *Ireland*
Maiden Name } *Ann Moore* Her Birth-place, * *No Adams, Mass*
Cause of death, { Primary, *Tubercular Phthisis* Duration,
Cause of death, { Secondary, Duration,
Certifying Physician, *W. H. McQuath*, His Residence, *River St*
Place of burial, *No Adams*, Cemetery, Lot or Grave No. Section No.
Funeral Services at *None*
Time of Services, " []

† State whether *White* or *Black*. * Insert *Town* and *State*.

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:



Casket or Coffin Number, # 5	Candles, 3 lbs.
Size, 3/0 Made by Florence	Gloves, None
Lining, white satin	Hearse to Cemetery
Handles, Sil	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, blue dress	Carriages at Funeral, Two
Preserving Body with	Death Notices in Lailie
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs. Anna Corcoran
Cemetery Fee,	Bill charged to

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

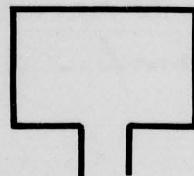
Yearly No. 32

FOR THE FUNERAL OF

Total to Date 142

Margaret A. Fitzgerald

Date of Death, *March 18* 190*7* Color *white* Age { *19* Years.
 Name of Deceased, *Margaret A. Fitzgerald* 30 Months
 Place of death, *No Adams Mass* Street, *12 Meadow* Ward No. Days.
 Residence, " " Sex, *female* Single, *Single* Married,
 Occupation, *None* Wife of
 Birth-place, *No Adams Mass* Widow of
 Name of Father, *Maurice Fitzgerald* His Birth-place, * *Ireland*
 Maiden Name of Mother, } *Elizabeth Foley* Her Birth-place, *
 Cause of death, { Primary, Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, *W. J. Brown* His Residence, *Church St*
 Place of burial, *No Adams St Josephs* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *St Francis Church*
 Time of Services, *9 A.M. March 21 '07*
 Date of Interment, " *21* 190*7*

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 60</i>	Candles, <i>8 lbs.</i>
Size, <i>5 ft.</i> Made by <i>Filomena</i>	Gloves, <i>6 Pk white</i>
Lining, <i>white & pink</i>	Hearse to <i>St Josephs</i> Cemetery
Handles, <i>Sil</i>	Carriage for <i>Family</i>
Plate, <i>"</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Wool Clothes</i>	Carriages at Funeral, <i>Six</i>
Preserving Body with <i>Esoo</i>	Death Notices in <i>Dailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Maurice P. Fitzgerald</i>
Cemetery Fee,	Bill charged to <i>"</i>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 33Total to Date 143

FOR THE FUNERAL OF

Lennis H. Brien

Date of Death, March 20 1907 Color White Age 75 Years. 21 Months. 21 Days.

Name of Deceased, Lennis H. Brien

Place of death, No Adams Mass Street, 133 Ashland, Ward No.

Residence, " Sex, Male Single, Widowed Married,

Occupation, None Wife of

Birth-place, Ireland Widow of

Name of Father, John H. Brien His Birth-place, * Ireland

Maiden Name of Mother, Mary Kane Her Birth-place, * "

Cause of death, { Primary, Valvular disease of heart Duration, Several years

Cause of death, { Secondary, Duration,

Certifying Physician, H. J. Brown His Residence, Church St

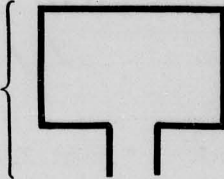
Place of burial, No Adams So View Cemetery, Lot or Grave No. Section No.

Funeral Services at St Francis

Time of Services, March 22 '07

Date of Interment, March 22 1907

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Boston Burial Case 160</u>	Candles, <u>4 blue</u>
Size, <u>5/9</u> Made by <u>Boston B.C.C.</u>	Gloves, <u>6 Pr black</u>
Lining, <u>Black & white</u>	Hearse to <u>So. View</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Cashmere</u>	Carriages at Funeral, <u></u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Larkin</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Katie Burke</u>
Cemetery Fee, <u></u>	Bill charged to <u></u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 34

Total to Date 144

FOR THE FUNERAL OF

Katharine Pfeiffer

Date of Death, March 20 1907 Color † White Age { 32 Years.
1 Months.
5 Days.
Name of Deceased, Katharine Pfeiffer
Place of death, No Adams Mass Street, 6 Rand St. Ward No.
Residence, " Sex, female Single, Single Married,
Occupation, None Wife of
Birth-place, No Adams Mass Widow of
Name of Father, ? His Birth-place, *
Maiden Name of Mother, Annie Pfeiffer Her Birth-place, * Hungary
Cause of death, { Primary, Premature Birth Duration,
Cause of death, { Secondary, Duration,
Certifying Physician, C. J. Curran, M.D. His Residence, Eagle
Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. 705 Section No. free
Funeral Services at, None

Time of Services, "

Date of Interment, March 21 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P & S Sq.	Candles, None
Size, 2 1/2 Plain, Made by Wally	Gloves, "
Lining, None	Hearse to Cemetery
Handles, None	Carriage for family
Plate, "	" "
Outside Box, "	" "
Burial robe, own	Carriages at Funeral,
Preserving Body with E	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Annie Pfeiffer
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 35

Total to Date 145

FOR THE FUNERAL OF

Frank Danick

Date of Death, March 25 1907 Color White Age 33 5 Years. 3 Months. Days.

Name of Deceased, Frank Danick

Place of death, No Adams Mass Street, 150 1/2 State Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, Charlestown Mass Widow of

Name of Father, Nicholas Danick His Birth-place, * Italy

Maiden Name of Mother, Mary Danick Her Birth-place, * "

Cause of death, Primary, Albumenuria Duration,

Cause of death, Secondary Duration,

Certifying Physician, W. F. McLeath His Residence, Holder St

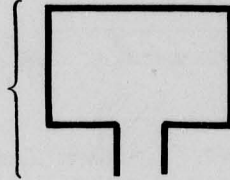
Place of burial, No Adams La View Cemetery, Lot or Grave No. 710 Section No. Five

Funeral Services at St Anthony

Time of Services, 8 A. M. Mar. 27 '07

Date of Interment, 190

Diagram of Burial Lot. }



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 1</u>	Candles, <u>2 1/2 lbs</u>
Size, <u>3/6</u> Made by <u>Florence</u>	Gloves, <u>None</u>
Lining, <u>White Plain</u>	Hearse to <u>Hillside Tomb</u> Cemetery
Handles, <u>Nickel</u>	Carriage for <u></u>
Plate, <u>None</u>	" " <u></u>
Outside Box, <u>"</u>	" " <u></u>
Burial robe, <u>Blouse suit</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>Piners Absorption</u>	Death Notices in <u>Hailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Nicholas Danick</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

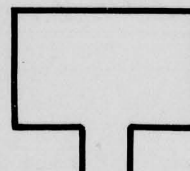
RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to Date 146

Hattie Wade

Date of Death, March 28 1907 Color † white Age { 26 Years.
34 Months
34 Days.
 Name of Deceased, Hattie Wade
 Place of death, No Adams Mass. Street, #1 Tyler St. Ward No.
 Residence, Barnington Vt. Sex, female Single, Married
 Occupation, Cook Wife of Frank Wade
 Birth-place, Pownal Vt. Widow of
 Name of Father, Henry Bent His Birth-place, * Woodford Vt.
 Maiden Name of Mother, { Mary Camp Her Birth-place, *
 Cause of death, { Primary, Uremia Duration, 3 days
 Cause of death, { Secondary, La Grippe Duration, 7
 Certifying Physician, Horner Bushnell His Residence, Union St.
 Place of burial, Barnington Vt. Cemetery, Lot or Grave No. Section No.
 Funeral Services at Barnington
 Time of Services,
 Date of Interment, April 1 1907 Diagram of Burial Lot. }  Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Galun Oak</u>	Candles, <u>None</u>
Size, <u>6/6</u> Made by <u>Marcellus</u>	Gloves, <u>"</u>
Lining, <u>White Silk</u>	Hearse to <u>La Grap. Cemetery</u>
Handles, <u>old copper</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>White Satin</u>	Carriages at Funeral, <u>None</u>
Preserving Body with <u>Arduid</u>	Death Notices in <u>La Grap</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Mrs L. A. Forge</u>
Cemetery Fee,	Bill charged to

Dr.

Cr.

Yearly No. 37

Total to Date.....147

FOR THE FUNERAL OF

Date of Death, March 29 1907 Color f. White Age 35 Months — Days —

Name of Deceased, John W Kimball

Place of death, No Adams Street, No 1 Tylor St. Ward No. —

Residence, " Sex, Male Single, — Married, Married

Occupation, Engineer Wife of —

Birth-place, No Adams, Mass. Widow of —

Name of Father, George W Kimball His Birth-place, * No Adams Mass

Maiden Name of Mother, } Mary A Daniels Her Birth-place, * Williamstown

Cause of death, } Primary, Tuberculosis Duration, 2 years

Cause of death, } Secondary, — Duration, —

Certifying Physician, W F M^{rs} Grath His Residence, —

Place of burial, No Adams, Hillside Cemetery, Lot or Grave No. — Section No. —

Funeral Services at Baptist Chapel

Time of Services, 2.30 P.M. Apr. 1 '07

Date of Interment, — 1907 Diagram of —

Put in the Diagram one mark like this for every Grave in it. And mark this

Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, # 21	Candles, None
Size, 5/4 Made by Florence	Gloves, 6 Pr black
Lining, white Satin	Hearse to Hillside Cemetery
Handles, Sil rope	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, # 1	Carriages at Funeral, 3
Preserving Body with Esca	Death Notices in Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs Kimball
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

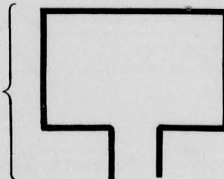
38

FOR THE FUNERAL OF

Total to Date

148

Date of Death, March 31 1907 Color White Age 38 Years.
 Name of Deceased, Henry Cody 36 Months.
 Place of death, No Adams Mass Street, Main St Ward No. 36 Days.
 Residence, " Sex, Male Single, Single Married, "
 Occupation, laborer Wife of "
 Birth-place, Essex Mass Widow of "
 Name of Father, James Cody His Birth-place, * Ireland
 Maiden Name of Mother, " Her Birth-place, * "
 Cause of death, } Primary, Tuberculosis Duration, 1 year
 Cause of death, } Secondary, " Duration, "
 Certifying Physician, C. J. Curran His Residence, Eagle St
 Place of burial, No Adams So View Cemetery, Lot or Grave No. " Section No. "
 Funeral Services at St Francis
 Time of Services, 9 A M Apr 2 '07
 Date of Interment, April 2 1907

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#160 Vm.</u>	Candles, <u>8 lbs</u>
Size, <u>6/0</u> Made by <u>National</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White Satin</u>	Hearse to <u>So View</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Black Cash.</u>	Carriages at Funeral, <u>6 & 3 seater</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Wailies</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>William Cody</u>
Cemetery Fee,	Bill charged to <u>Nellie</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 39

Total to Date 149

FOR THE FUNERAL OF

Badria John

Date of Death, April 2 1907 Color White Age 37 { 6 Years. 8 Months. Days.

Name of Deceased, Badria John

Place of death, No Adams Mass Street, Rear 275 State Ward No.

Residence, Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, Joseph John His Birth-place, * Syria

Maiden Name of Mother, Sallia Salbia Her Birth-place, *

Cause of death, { Primary, Convulsions Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, O J Curran His Residence, Eagle St

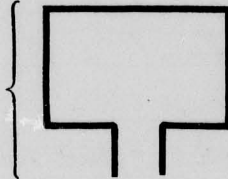
Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, April 2 1907

Diagram of Burial Lot. {



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 213</u>	Candles, <u>2 1/2 lbs</u>
Size, <u>2 1/2</u> Made by <u>Florence</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u></u>
Handles, <u>One Darling</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Wm Dress</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>absorption Pine</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Joseph Romanus</u>
Cemetery Fee, <u>2.00</u>	Bill charged to <u>Joseph John</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to Date 150

William Lincham

Date of Death, April 5, 1907 Color † White Age { 55 Years.
 Name of Deceased, William Lincham 38 Months
 Place of death, No Adams Mass Street, # 3 Rock St, Ward No. Days.
 Residence, " Sex, Male Single, Married, Married
 Occupation, Laborer Wife of
 Birth-place, Ireland Widow of
 Name of Father, Thomas Lincham His Birth-place, * Ireland
 Maiden Name } Unknown Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Val disease of heart 4 months
 Cause of death, { Secondary, Duration,
 Certifying Physician, C. J. Curran His Residence,
 Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St Francis Church
 Time of Services, 9 A M April 8, 07
 Date of Interment, April 8, 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1210	Candles, 8 lbs
Size, 5/9 Made by, National	Gloves, 6 Pk black
Lining, White Silk	Hearse to, St Joseph's Cemetery
Handles, Sil & Satin	Carriage for,
Plate, Silver	" "
Outside Box,	" "
Burial robe, 94610	Carriages at Funeral, 7 & 3 seater
Preserving Body with, Esco,	Death Notices in, Localies,
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Mrs Lincham
Cemetery Fee,	Bill charged to,

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 41Total to Date 151

FOR THE FUNERAL OF

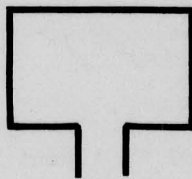
James L. DohertyDate of Death, April 9 1907Color White Age 39

{	<u>74</u> Years.
	Months.
	Days.

Name of Deceased, James L. DohertyPlace of death, No Adams Mass Street, 29 Central Ave Ward No.Residence, " " Sex, Male Single, Married Married, MarriedOccupation, Nurse Wife ofBirth-place, Ireland Widow ofName of Father, L. Doherty His Birth-place, * IrelandMaiden Name of Mother, Wora Frell Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Riley His Residence, Main St.Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.Funeral Services at St FrancisTime of Services, 9 a.m. April 11 '07Date of Interment, April 11 1907Diagram of
Burial Lot. }

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1210Size, 7/6 Made by NationalLining, crumpled silkHandles, silk & silverPlate, silverOutside Box, PineBurial robe, cash BlkPreserving Body with Coca

Washing and Dressing,

Shaving,

Services,

Use of Chairs, 24

Cemetery Fee,

Candles, 5 lbsGloves, 6 Pr. blackHearse to Hillside Cemetery

Carriage for

" "

" "

Carriages at Funeral, 7Death Notices in HeraldGoods ordered by Patrick DohertyBill charged to Mrs. Doherty

DR.

CR.

RECORD AND BILL OF ITEMS

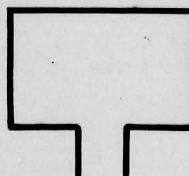
Yearly No. 42

FOR THE FUNERAL OF

Total to Date 152

Wells Buckley

Date of Death, April 9 1907 Color † White Age { 19 Years.
 Name of Deceased, Wells Buckley 40 Months
 Place of death, No Adams Street, Rear 13 Centre Ward No. Days.
 Residence, " " Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, Cheshire Widow of
 Name of Father, William Buckley His Birth-place, * Ireland
 Maiden Name } Mary Collins Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Diphtheria Duration,
 Cause of death, { Secondary, Putrid Tuberculosis Duration, five months
 Certifying Physician, Dr. Bushnell His Residence, Union St.
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St Francis Church,
 Time of Services, 10 AM
 Date of Interment, April 11 - 1907

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, W. C. P. 816 2 1/2	Candles, 5 lbs.
Size, 5/6 Made by, Haines	Gloves, 6 pr white
Lining, figured Silkoline	Hearse to, Hillside Cemetery
Handles, Corrugated Silver	Carriage for,
Plate, Silver	" "
Outside Box, Pine	" "
Burial robe, ann dress	Carriages at Funeral, 7 3 seater
Preserving Body with, Esca	Death Notices in,
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs, 24	Goods ordered by, Margaret Buckley
Cemetery Fee,	Bill charged to,

Dr.

Cr.

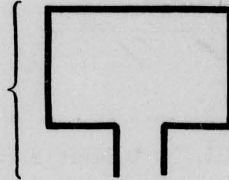
RECORD AND BILL OF ITEMS

Yearly No. 43Total to Date 153

FOR THE FUNERAL OF

Peter A. Horn

Date of Death, April 11 1907 Color White Age { 8 Years.
8 Months.
8 Days.
 Name of Deceased, Peter A. Horan
 Place of death, No Adams Hospital Street, 41 Ward No. 41
 Residence, Pariskill N.Y. Sex, Male Single, Single, Married,
 Occupation, None Wife of
 Birth-place, No Adams Hospital Widow of
 Name of Father, Chester A. Horn His Birth-place, * Pariskill N.Y.
 Maiden Name of Mother, Catherine Lane Her Birth-place, * " "
 Cause of death, { Primary, Valvular Heart disease Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, H. Canady His Residence, E. Main St
 Place of burial, Pariskill N.Y. Cemetery, Lot or Grave No. Section No.
 Funeral Services at None
 Time of Services,
 Date of Interment, April 13 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>3025</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>National</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery
Handles, <u>over Harling</u>	Carriage for <u>family</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>Pins</u>	" " <u>"</u>
Burial robe, <u>Wool Clothes</u>	Carriages at Funeral, <u>over</u>
Preserving Body with <u>Absorption</u>	Death Notices in <u>Herald</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Mrs. Horn</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>Chester A. Horn</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to Date.....154

Ella Warren

Date of Death, April 12 1907 Color † White Age { Years.
..... Months
..... Days.

Name of Deceased, ella Warren.....

Place of death, No Adams Hospital Street, **Ward No.**

Residence, Adams Mass Sex, Single Married,

Occupation, Wife of

Birth-place,.....Widow of.....

Name of Father,.....His Birth-place, *

Maiden Name }
of Mother, } Her Birth-place, *

Cause of death, } Primary, Septic Endocarditis Duration, long time

Cause of death, } Secondary, Duration,

Certifying Physician, John R. Hobbs His Residence, Main St.

Place of burial, J. Unknown Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at Body given in charge of Cody & M^{rs}. Bride

Time of Services,.....

Date of Interment, 190.....

† State whether *White* or *Black*. * Insert *Town* and *State*.

Diagram of } 

Put in the Diagram one mark like this
 | for every Grave in it. And mark *this*
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

Casket or Coffin Number,.....		Candles,.....	
-------------------------------	-------	---------------	-------

Size,.....	Made by.....	Gloves,.....
------------	--------------	--------------

Lining,.....		Hearse to.....	Cemetery	
--------------	-------	----------------	----------------	-------

Handles,.....			Carriage for.....		
---------------	-------	-------	-------------------	-------	-------

Plate,.....		“ “	
-------------	-------	-----------	-------

Outside Box,.....			“ “		
-------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,.....		
--------------------	-------	-------	----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,					
-----------------------------	-------	-------	-------	-------	-------

[illegible]

Services,					
-----------------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No. 45Total to Date 155

FOR THE FUNERAL OF

William P Bailey

Date of Death,

April 14

190 7Color † White

Age

46

Years.

Months.

Days.

Name of Deceased,

William P Bailey

Place of death,

No Adams Mass

Street,

34 State

Ward No.

Residence,

Sex,

Male

Single,

Married,

Occupation,

Stone Cutter

Wife of

Birth-place,

Scotland

Widow of

Name of Father,

Unknown

His Birth-place, *

Maiden Name }
of Mother, }

Her Birth-place, *

Cause of death, }

Primary,

Pneumonia

Duration,

Cause of death, }

Secondary,

Duration,

Certifying Physician,

Crofts

His Residence,

Main St

Place of burial,

No Adams, So View

Cemetery, Lot or Grave No.

Section No.

Funeral Services at

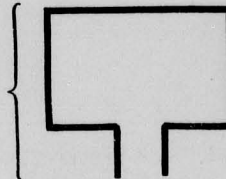
Comiskey Parlors

Time of Services,

145 P.M. April 16 '07

Date of Interment,

April 16

190 7Diagram of }
Burial Lot. }

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number,

1200

Size,

5/9

Made by

National

Lining,

White

Handles,

Sil & Satin

Plate,

Sil

Outside Box,

Pine

Burial robe,

Wool Cloth

Preserving Body with

Esco

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

None

Gloves,

6 Pr black

Hearse to

So View

Cemetery

Carriage for

" "

" "

Carriages at Funeral,

One & 2 seater

Death Notices in

Wailers

Goods ordered by

John Russell

Bill charged to

"

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 47Total to Date 187

FOR THE FUNERAL OF

Mae Eva Martelle

Date of Death, April 25 1907 Color White Age { 22 Years. 22 Months. 22 Days.

Name of Deceased, Mae Eva Martelle

Place of death, Stamford Vt. Street, _____ Ward No. _____

Residence, _____ Sex, female Single, Single Married, _____

Occupation, None Wife of _____

Birth-place, Stamford Vt. Widow of _____

Name of Father, Edward Martelle His Birth-place, * Manchester N. H.

Maiden Name of Mother, Rosie Bissouette Her Birth-place, * Canada

Cause of death, { Primary, Premature Birth Duration, _____

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, Dr. Nichols His Residence, Stamford Vt.

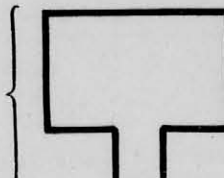
Place of burial, No Adams So View Cemetery, Lot or Grave No. 698 Section No. _____

Funeral Services at None

Time of Services, _____

Date of Interment, April 26 1907

Diagram of Burial Lot. }



Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P K Sq</u>	Candles, <u>None</u>
Size, <u>20 in</u> Made by <u>Worley</u>	Gloves, _____
Lining, <u>White</u>	Hearse to _____ Cemetery _____
Handles, <u>Lamb</u>	Carriage for _____
Plate, <u>Our Darling</u>	" " _____
Outside Box, <u>None</u>	" " _____
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, _____
Preserving Body with <u>None</u>	Death Notices in <u>Whit's</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Edward Martelle</u>
Cemetery Fee, _____	Bill charged to _____

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to Date 158

Male infant of William Heffernan

Date of Death, April 28 1907 Color † Age { Years. Months. Days.

Name of Deceased, Male infant of William 44

Place of death, No Adams, Street, 475 Union Ward No.

Residence, Sex, Male Single, Single Married,

Occupation, Wife of

Birth-place, No Adams Mass. Widow of

Name of Father, William Heffernan His Birth-place, * Adams Mass.

Maiden Name of Mother, } Leonora Prev Her Birth-place, * No Adams Mass.

Cause of death, } Primary, Stillborn Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Willard His Residence, Church

Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at None.

Time of Services,

Date of Interment, April 30 1907 Diagram of Burial Lot. { Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.K. Sq.	Candles, None
Size, 2 1/2 Made by Comidy	Gloves,
Lining, White Plain	Hearse to Cemetery
Handles, None	Carriage for
Plate,	" "
Outside Box,	" "
Burial robe, New Clothes	Carriages at Funeral,
Preserving Body with	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Charles Prev
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 49Total to Date 159

FOR THE FUNERAL OF

Infant of Jerry Wall

Date of Death, April 28 1907 Color White Age 45 { Years.
 Months.
 Days.

Name of Deceased, Male infant of Jerry Wall

Place of death, No Adams Mass Street, 26 Franklin Ward No.

Residence, Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, 26 Franklin St. Widow of

Name of Father, Jerry Wall His Birth-place, * No Adams Mass

Maiden Name of Mother, Melvin's Bunting Her Birth-place, *

Cause of death, { Primary, Stillborn Duration,

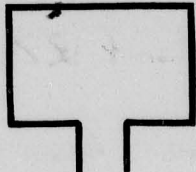
Cause of death, { Secondary, Duration,

Certifying Physician, C. J. Curran His Residence, Eagle St

Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, April 29 1907 Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †  Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P.K. Sq.</u>	Candles, <u>None</u>
Size, <u>21 in</u> Made by <u>wooly</u>	Gloves, <u> </u>
Lining, <u>White</u>	Hearse to <u> </u> Cemetery <u> </u>
Handles, <u>None</u>	Carriage for <u> </u>
Plate, <u> </u>	" " <u> </u>
Outside Box, <u> </u>	" " <u> </u>
Burial robe, <u>clean clothes</u>	Carriages at Funeral, <u> </u>
Preserving Body with <u> </u>	Death Notices in <u> </u>
Washing and Dressing, <u> </u>	<u> </u>
Shaving, <u> </u>	<u> </u>
Services, <u> </u>	<u> </u>
Use of Chairs, <u> </u>	Goods ordered by <u>Jerry Wall</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 51

Total to Date 26/

FOR THE FUNERAL OF

Annis Connors

Date of Death, May 1, 1907 Color White Age { 5 Years.
47 Months.
Days.

Name of Deceased, Annis Connors

Place of death, No Adams Mass. Street, Millard St. Ward No.

Residence, " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass. Widow of

Name of Father, Charles Connors His Birth-place, * Ireland

Maiden Name { Annis Moore Her Birth-place, * No Adams

Cause of death, { Primary, Cerebral Spinal Meningitis Duration,

Cause of death, { Secondary, / Duration,

Certifying Physician, Dr. Riley His Residence, Main

Place of burial, No Adams Hillside Cemetery, Lot or Grave No. William Moore Lot Section No.

Funeral Services at None

Time of Services,

Date of Interment, May 2, 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5	Candles, 4 lbs
Size, 3/9 Made by Florence	Gloves, None
Lining, White Plain	Hearse to Cemetery
Handles, Sil. bar	Carriage for family
Plate, Gun, Darling	" "
Outside Box, Pine	" "
Burial robe, Gun Clothes	Carriages at Funeral, Two
Preserving Body with	Death Notices in, Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs Chas Connors
Cemetery Fee,	Bill charged to

DR.

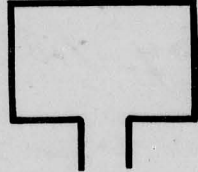
CR.

RECORD AND BILL OF ITEMS

Yearly No. 53Total to Date 163

FOR THE FUNERAL OF

Gertrude M Bullette

Date of Death, May 14 1907 Color White Age 49 { 9 Years.
9 Months.
9 Days.
 Name of Deceased, Gertrude M Bullette
 Place of death, No Adams Mass Street, 37 Bryant St Ward No. _____
 Residence, _____ Sex, female Single, Single Married, _____
 Occupation, None Wife of _____
 Birth-place, No Adams Mass Widow of _____
 Name of Father, John Bullett His Birth-place, * Williamstown Mass
 Maiden Name of Mother, Gertrude Mack Her Birth-place, * Lynn Mass
 Cause of death, { Primary, Broncho Pneumonia Duration, 2 days
 Cause of death, { Secondary, _____ Duration, _____
 Certifying Physician, H. J. Brown His Residence, Main St
 Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. _____ Section No. _____
 Funeral Services at, None
 Time of Services, _____
 Date of Interment, May 15 1907 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 53 1/2</u>	Candles, <u>2 lbs</u>
Size, <u>2/6</u> Made by <u>National</u>	Gloves, <u>None</u>
Lining, <u>Blue & White</u>	Hearse to _____ Cemetery _____
Handles, <u>Sil Bau</u>	Carriage for _____
Plate, <u>Ula Darling</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Ula Clothes</u>	Carriages at Funeral, _____
Preserving Body with _____	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Mrs Bullett</u>
Cemetery Fee, _____	Bill charged to <u>John Bullett</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to Date 164

female info of Daniel Moriarty

Date of Death, May 15 1907 Color White Age { 50 Years.
7 Months.
7 Days.

Name of Deceased, *female info of Daniel Moriarty*

Place of death, No Adams Mass Street, 347 Houghton Ward No.

Residence, " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, Daniel Moriarty His Birth-place, * Hadley Mass

Maiden Name of Mother, } Bertha Small Her Birth-place, * Andover Mass

Cause of death, } Primary, Prenatality Duration,

Cause of death, } Secondary, Duration,

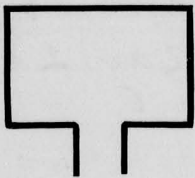
Certifying Physician, John F. C. Forster His Residence, Union St

Place of burial, No Adams St Joseph Cemetery, Lot or Grave No. Section No.

Funeral Services at Prayer & Grace

Time of Services, 8:15 PM

Date of Interment, May 16 1907

Diagram of Burial Lot. } 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P. K. Sq.</u>	Candles, <u>None</u>
Size, <u>11/9</u> Made by <u>Woolley</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u></u>
Handles, <u>None</u>	Carriage for <u>"</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>"</u>	" " <u>"</u>
Burial robe, <u>own clothes</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u></u>	Death Notices in <u>"</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Mrs Moriarty</u>
Cemetery Fee, <u></u>	Bill charged to <u>Daniel Moriarty</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 56

Total to Date 165

FOR THE FUNERAL OF

Lena Kassup

Date of Death, May 19 1907 Color † White Age { 27 Years.
 Name of Deceased, Lena Kassup 51 Months.
 Place of death, No Adams Mass Street, Mill St. Ward No. Days.
 Residence, Sex, female Single, Married, married
 Occupation, None Wife of Carl Kassup
 Birth-place, Hungary Widow of
 Name of Father, Peter Bukvar His Birth-place, * Hungary
 Maiden Name } Marie Shalis Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Pneumonia Duration,
 Cause of death, { Secondary, Septic Poison Duration,
 Certifying Physician, Curran His Residence,
 Place of burial, No Adams, So View Cemetery, Lot or Grave No. Section No.
 Funeral Services at, House
 Time of Services, 2:30 P.M. May 20
 Date of Interment, May 20 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, #1	Candles, 4 lbs
Size, 5/6 Made by Wooley	Gloves, 6 Pr black
Lining, white	Hearse to So View Cemetery
Handles, Sil	Carriage for
Plate, white metal	" "
Outside Box, Pine	" "
Burial robe, #0	Carriages at Funeral, 3 + 3 seaters
Preserving Body with	Death Notices in Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Carol Kassup
Cemetery Fee,	Bill charged to

DR.

CR.

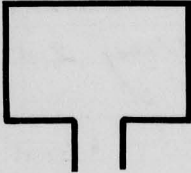
RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to Date 166

Date of Death, May 20 190 7 Color White Age 30 Years.
 Name of Deceased, Jessie Spreinburg
 Place of death, Williamstown Mass. Street, 44 Factory Place Ward No.
 Residence, " Sex, female Single, Married
 Occupation, None Wife of Isaac Spreinburg
 Birth-place, Greylack No Adams Widow of
 Name of Father, William Fairbanks His Birth-place, * Whitingham Vt.
 Maiden Name of Mother, Francis Haly Her Birth-place, * Pittsboro
 Cause of death, } Primary, Tuberculosis Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr Nelson His Residence, Williamstown
 Place of burial, So View No Adams Cemetery, Lot or Grave No. Section No.
 Funeral Services at Williamstown
 Time of Services, 9 A M. May 22 '07
 Date of Interment, May 22 190 7

Diagram of Burial Lot. } 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#160 B.B.C.</u>	Candles, <u>4 lbs</u>
Size, <u>6/0</u> Made by <u>B.B.C.</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White</u>	Hearse to <u>So View Cemetery</u>
Handles, <u>Sil & Satin</u>	Carriage for <u></u>
Plate, <u>Silver</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>#1059 White</u>	Carriages at Funeral, <u>34 3 seater</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Wailis</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Mrs Parabra Wells</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 57Total to Date 167

FOR THE FUNERAL OF

Giuseppe Lucia

Date of Death, May 24 1907 Color White Age 4 Years. 52 Months. 52 Days.

Name of Deceased, Giuseppe Lucia

Place of death, No Adams Mass Street, 52 Ward No.

Residence, 120 State St No Adams Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Widow of

Name of Father, Giovanni Lucia His Birth-place, * Italy

Maiden Name of Mother, Adalmina Ucerina Her Birth-place, *

Cause of death, } Primary, accidental burns Duration,

Cause of death, } Secondary, Duration,

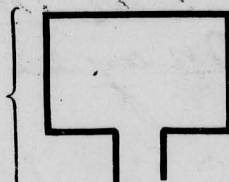
Certifying Physician, Dr Crawford His Residence, Main

Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. Section No.

Funeral Services at, St Anthony

Time of Services, 3 P M May 25

Date of Interment, May 25 1907

Diagram of
Burial Lot.

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 013</u>	Candles, <u>4 lbs</u>
Size, <u>4 1/2 ft</u> Made by <u>Filmore</u>	Gloves, <u>4 Pr white</u>
Lining, <u>white</u>	Hearse to <u>St Josephs</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pins</u>	" "
Burial robe, <u>Wool cloth</u>	Carriages at Funeral, <u>13</u>
Preserving Body with <u>Eso</u>	Death Notices in <u>Dailies</u>
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by <u>Giovanni Lucia</u>
Cemetery Fee	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 88

Total to Date 168

FOR THE FUNERAL OF

Thomas U. Cornell

Date of Death, May 24 1907 Color † White Age { 102 Years.
4 Months
12 Days.

Name of Deceased, Thomas U. Cornell

Place of death, Clarksburg Mass. Street, Millard Ave. Ward No.

Residence, " " Sex, Male Single, Married, Married

Occupation, Farmer, Wife of

Birth-place, Ireland Widow of

Name of Father, Daniel U. Cornell His Birth-place, * Ireland

Maiden Name of Mother, Johanna Morrock Her Birth-place, *

Cause of death, Primary, Old age Duration, several years.

Cause of death, Secondary, Cancer Duration, " "

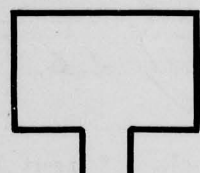
Certifying Physician, H. A. Bushnell His Residence, Union St

Place of burial, No Adams So Union Cemetery, Lot or Grave No. Section No.

Funeral Services at, St Francis Church.

Time of Services, 230 P. M. May 26, 07.

Date of Interment, May 26 1907

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1210	Candles, 4 lbs.
Size, 6/8 Made by National	Gloves, 6 Pa. black.
Lining, white silk	Hearse to So. Union Cemetery
Handles, silk & satin	Carriage for
Plate, " "	" "
Outside Box, Pine	" "
Burial robe, Black Cash.	Carriages at Funeral, 743 seats
Preserving Body with, Eucy	Death Notices in, Hailus
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Daniel U. Cornell
Cemetery Fee,	Bill charged to,

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 59

Total to Date 169

FOR THE FUNERAL OF

Myra Crookwell

Date of Death, May 24 1907 Color † White Age { 1 Years.
2 Months.
53 Days.

Name of Deceased, Myra Crookwell

Place of death, Adams Mass Street, 26 South Ward No.

Residence, " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, Adams Widower of

Name of Father, John J. Crookwell His Birth-place, *

Maiden Name of Mother, Myra Columbus Her Birth-place, * Champlain N.Y.

Cause of death, { Primary, Pneumonia Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, M. M. Brown His Residence, Wesleyan

Place of burial, Adams Mass Bellevue Cemetery, Lot or Grave No. Section No.

Funeral Services at, None

Time of Services,

Date of Interment, May 26 1907

Diagram of
Burial Lot. }Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 63	Candles, 2 lbs
Size, 2/6 Made by, Flower	Gloves, None
Lining, white & blue	Hearse to, Cemetery
Handles, Lil	Carriage for,
Plate,	" "
Outside Box, Pins	" "
Burial robe, Green Cloth	Carriages at Funeral, 2
Preserving Body with,	Death Notices in, Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, John J. Crookwell
Cemetery Fee,	Bill charged to, " "

DR.

CR.

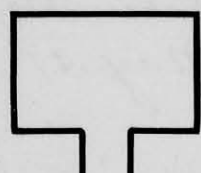
RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to Date... 170

Philania Talerico

Date of Death, *May 26* 190 *7* Color *white* Age { *32* Years.
 Name of Deceased, *Philania Talerico* 54 Months
 Place of death, *No Adams Hospital* Street, Ward No.
 Residence, *" Ryan Lane* Sex, *female* Single, Married, *Married*
 Occupation, *None* Wife of *Joseph Talerico*
 Birth-place, *Italy* Widow of
 Name of Father, *Astasio Talerico* His Birth-place, * *Italy*
 Maiden Name of Mother, } *Unknown* Her Birth-place, *
 Cause of death, } Primary, *Peritonitis* Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, *J. A. C. Foster* His Residence,
 Place of burial, *No Adams St. Joseph's* Cemetery, Lot or Grave No. *55* *Singl Section*
 Funeral Services at *St Anthony* Section No.
 Time of Services, *9. A. M. May 27th*
 Date of Interment, *May 27* 190 *7* Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>155 R 18</i>	Candles, <i>4</i>
Size, <i>5/9</i> Made by <i>National</i>	Gloves, <i>6 Pn white</i>
Lining, <i>White</i>	Hearse to Cemetery
Handles, <i>Sil & Gold</i>	Carriage for
Plate, <i>" "</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>White Silk</i>	Carriages at Funeral, <i>10</i>
Preserving Body with <i>Chapin's</i>	Death Notices in <i>Herald</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Joseph Talerico</i>
Cemetery Fee,	Bill charged to <i>" "</i>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 61

Total to Date.....171

FOR THE FUNERAL OF

Henry Godin

Date of Death, May 28 1907 Color White Age 55 Months. 55 Days.

Name of Deceased, Henry Godin

Place of death, No. Adams Hospital Street, 55 Ward No. 55

Residence, 225 River St. No. Adams Sex, Male Single, Married Married, Married

Occupation, Labourer Wife of

Birth-place, Clintonville N.Y. Widow of

Name of Father, Peter Godin His Birth-place, * Canada

Maiden Name } Mary Grandley Her Birth-place, * "
of Mother, }

Cause of death, } Primary, Appendicitis Duration, 4 days
Cause of death, } Secondary, Duration,

Certifying Physician, W. F. McCreath His Residence, Holden

Place of burial, No. Adams So. View Cemetery, Lot or E 1/2 Grave No. 181 Section No.

Funeral Services at Notre Dame

Time of Services, 9 A. M. May 31

Date of Interment, May 31 1907

Diagram of

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, # 11	Candles, 6 lbs.
Size, 6/0 Made by National	Gloves, 6 Pr black
Lining, white	Hearse to So. View Cemetery
Handles, Oak & Copper	Carriage for
Plate, Copper	" "
Outside Box, Pine	" "
Burial robe, Black Cash.	Carriages at Funeral, 8
Preserving Body with Uxaline	Death Notices in Dailies
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by Mrs Godin
Cemetery Fee	Bill charged to " "

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to Date 172

James Clossey

Date of Death, *May 31*, 190*7* Color *White* Age *56* { Years. Months. Days. *12*

Name of Deceased, *James Clossey*

Place of death, *No Adams Mass*, Street, *517 Union St*, Ward No. *56*

Residence, *"*, Sex, *Male* Single, *Single* Married, *"*

Occupation, *None*, Wife of *"*

Birth-place, *No Adams*, Widow of *"*

Name of Father, *James Clossey*, His Birth-place, *No Adams*

Maiden Name of Mother, *Margaret Collins*, Her Birth-place, *East Weymouth Mass*

Cause of death, { Primary, *Jaundice* Duration, *"*

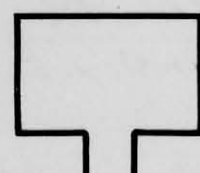
Cause of death, { Secondary, *"* Duration, *"*

Certifying Physician, *Dr Candy*, His Residence, *E. Main*

Place of burial, *No Adams, Hillside*, Cemetery, Lot or Grave No. *"* Section No. *"*

Funeral Services at, *None*

Time of Services, *2 P.M.*

Date of Interment, *June 1*, 190*7* Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 54</i>	Candles, <i>1 set</i>
Size, <i>2/0</i> Made by <i>Florence</i>	Gloves, <i>None</i>
Lining, <i>Pink & white</i>	Hearse to, <i>"</i> Cemetery <i>"</i>
Handles, <i>Sil lac</i>	Carriage for, <i>family</i>
Plate, <i>Blue Warling</i>	" " <i>"</i>
Outside Box, <i>Pine</i>	" " <i>"</i>
Burial robe, <i>Blue Clothes</i>	Carriages at Funeral, <i>Two</i>
Preserving Body with, <i>None</i>	Death Notices in, <i>Dailies</i>
Washing and Dressing, <i>"</i>	
Shaving, <i>"</i>	
Services, <i>"</i>	
Use of Chairs, <i>"</i>	Goods ordered by <i>James Clossey</i>
Cemetery Fee, <i>"</i>	Bill charged to <i>"</i>

DR.

CR.

RECORD AND BILL OF ITEMS

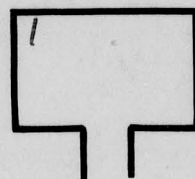
Yearly No. 63Total to Date 173

FOR THE FUNERAL OF

Thomas Connors

Date of Death, June 2 1907 Color White Age { 69 Years.
57 Months.
— Days.
 Name of Deceased, Thomas Connors
 Place of death, No. Adams Mass Street, 47 Eagle St Ward No. —
 Residence, 89 Bracewell Ave No. Adams Sex, Male Single, — Married, Married
 Occupation, Print Works employe Wife of —
 Birth-place, Ireland Widow of —
 Name of Father, Michael Connors His Birth-place, * Ireland
 Maiden Name of Mother, Bridget Kane Her Birth-place, * "
 Cause of death, { Primary, Heart Disease Duration, 11 weeks
 Cause of death, { Secondary, — Duration, —
 Certifying Physician, A. A. Bushnell M.D. His Residence, Union St
 Place of burial, No. Adams St Joseph's Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at St Francis
 Time of Services, 9 A. M. June 4 '07
 Date of Interment, June 4 1907

Diagram of Burial Lot. }



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Solid oak</u>	Candles, <u>6 lbs</u>
Size, <u>6/8</u> Made by <u>Marelli</u>	Gloves, <u>6 Pr. black</u>
Lining, <u>White Silk</u>	Hearse to <u>St Joseph's Cemetery</u>
Handles, <u>Old Copper</u>	Carriage for <u>—</u>
Plate, <u>"</u>	" " <u>—</u>
Outside Box, <u>Chestnut</u>	" " <u>—</u>
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>8</u>
Preserving Body with <u>Wine</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Thos & John Connors</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>Mrs Connors</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to Date 174

Lydia Jordon

Date of Death, June 3 1907 Color White Age { 66 Years.
58 Months
 Days.

Name of Deceased, Lydia Jordon

Place of death, No Adams Mass. Street, 354 W. Main, Ward No. _____

Residence, _____ Sex, Female Single, _____ Married, Married

Occupation, Nurse Wife of Edward Jordon

Birth-place, Adams Mass. Widow of _____

Name of Father, Peter Bard His Birth-place, * Adams Mass.

Maiden Name of Mother, { Unknown Her Birth-place, * Unknown

Cause of death, { Primary, Complications Duration, _____

Cause of death, { Secondary, _____ Duration, _____

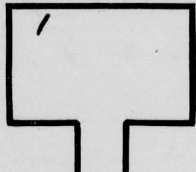
Certifying Physician, Croft His Residence, _____

Place of burial, No Adams So. View Cemetery, Lot or Grave No. So View Section No. _____

Funeral Services at Notre Dame

Time of Services, 9 A.M. June 6 '07

Date of Interment, June 6 1907

Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>6 lbs</u>
Size, <u>5/6</u> Made by <u>National</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White Silk</u>	Hearse to <u>So. View</u> Cemetery
Handles, <u>Upr</u>	Carriage for _____
Plate, <u>17</u>	" " _____
Outside Box, <u>Chestnut</u>	" " _____
Burial robe, <u>Wool Clothes</u>	Carriages at Funeral, <u>5 x 3 seater</u>
Preserving Body with <u>Eaco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Mrs M. S. Sheen</u>
Cemetery Fee, _____	Bill charged to <u>James M. S. Sheen</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 65Total to Date 175

FOR THE FUNERAL OF

Julia Fanning

Date of Death, June 6 1907 Color White Age 45 Years. 45 Months. 45 Days.

Name of Deceased, Julia Fanning

Place of death, No Adams Hospital Street, 59 Ward No. 59

Residence, Wilson House No Adams Sex, female Single, Single Married, Single

Occupation, House work Wife of

Birth-place, Ireland Widow of

Name of Father, John Fanning His Birth-place, * Ireland

Maiden Name of Mother, Johanna Larkin Her Birth-place, * "

Cause of death, Primary, Diabetes Duration, 1 yr.

Cause of death, Secondary, Duration,

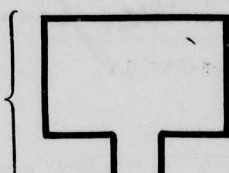
Certifying Physician, Millard His Residence, Church St.

Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. Section No. Single Section

Funeral Services at St Francis Church

Time of Services, 10 A M. June 8 '07

Date of Interment, June 8 1907

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: 

Casket or Coffin Number, <u>316-3 1/2</u>	Candles, <u>4 lbs</u>
Size, <u>5 1/2</u> Made by <u>Florence</u>	Gloves, <u>6 Pa grey</u>
Lining, <u>White Silk</u>	Hearse to <u>St Josephs Cemetery</u>
Handles, <u>Sil & Plush</u>	Carriage for <u> </u>
Plate, <u>Silver</u>	" " <u> </u>
Outside Box, <u>Pine</u>	" " <u> </u>
Burial robe, <u>Wool Clothes</u>	Carriages at Funeral, <u>4 & 3 seats</u>
Preserving Body with <u>Udopine</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Nellie Fanning</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to Date 176

Marion G. Clark

Date of Death, June 7 1907 Color † White Age { 5 Years.
 9 Months.
 Days.
 Name of Deceased, Marion G. Clark
 Place of death, No. Adams, Mass. Street, 7 Grant St. Ward No.
 Residence, " " Sex, female Single, Single Married,
 Occupation, None. Wife of
 Birth-place, No Adams, Mass. Widow of
 Name of Father, John J. Clark His Birth-place, * Pittsfield Mass.
 Maiden Name of Mother, Minnie E. McKenna, Her Birth-place, * No Adams,
 Cause of death, { Primary, Croupous Bronchitis Duration, 7 days.
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. M. E. Grath, His Residence, Holden St.
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at None
 Time of Services,
 Date of Interment, June 9 1907

Diagram of Burial Lot. }

Put in the Diagram one mark like this
 | for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5	Candles, 4 lbs.
Size, 3/3 Made by Filson	Gloves, None
Lining, white	Hearse to Hillside Cemetery
Handles, Sil & Plush	Carriage for
Plate, Metal	" "
Outside Box, Pine	" "
Burial robe, Warm clothes	Carriages at Funeral, 6
Preserving Body with absorption	Death Notices in Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by John Clark
Cemetery Fee,	Bill charged to " "

DR.

CR.

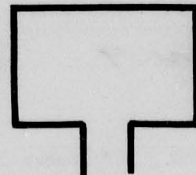
RECORD AND BILL OF ITEMS

Yearly No. 67Total to Date 177

FOR THE FUNERAL OF

Lester Harno

Date of Death, June 8 1907 Color White Age 27 Years.
 Name of Deceased, Lester Harno Months.
 Place of death, No. Adams Mass Street, 317 River St. Ward No. 61 Days.
 Residence, " Sex, Male Single, Single Married, "
 Occupation, Shoe Cutter Wife of "
 Birth-place, Cherubusco N.Y. Widow of "
 Name of Father, John Harno His Birth-place, Canada
 Maiden Name of Mother, Rosalie Mahru Her Birth-place, Cherubusco N.Y.
 Cause of death, { Primary, Pulmonary Tuberculosis Duration, "
 Cause of death, { Secondary, " Duration, "
 Certifying Physician, Wm. Hooster His Residence, Union St.
 Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. " Section No. "
 Funeral Services at Notre Dame
 Time of Services, 9 A.M. June 10
 Date of Interment, June 10 1907

Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>83 Half Couch</u>	Candles, <u>4 lbs.</u>
Size, <u>6/6</u> Made by <u>National</u>	Gloves, <u>6 Pair gray</u>
Lining, <u>White Silk</u>	Hearse to <u>St. Joseph's Cemetery</u>
Handles, <u>Old Copper</u>	Carriage for <u>"</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Blue & white</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>E. sec.</u>	Death Notices in <u>Wailes</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>John Harno</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

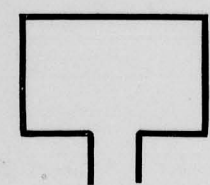
Yearly No. 68

FOR THE FUNERAL OF

Total to Date 178

Angelo Mossolanis.

Date of Death, June 15 1907 Color White Age 1 Years. 8 Months. Days.
 Name of Deceased, Angelo Mossolanis
 Place of death, No Adams Street, #1 Washington Ave Ward No. 62
 Residence, " Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, No Adams Mass Widow of
 Name of Father, Charles Mossolanis His Birth-place, * Italy
 Maiden Name of Mother, Josephine Mazzi Her Birth-place, * "
 Cause of death, Primary Duration,
 Cause of death, Secondary Duration,
 Certifying Physician, His Residence,
 Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. 100 Section No. Single
 Funeral Services at
 Time of Services,
 Date of Interment, June 16 1907

Diagram of Burial Lot. } 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>013</u>	Candles, <u>2 lbs</u>
Size, <u>2/9</u> Made by <u>Florence</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u></u>
Handles, <u>Sil. bar</u>	Carriage for <u></u>
Plate, <u>Wm. Harding</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Home clothes</u>	Carriages at Funeral, <u>Six</u>
Preserving Body with <u></u>	Death Notices in <u>Wailes</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Charles Mossolanis</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

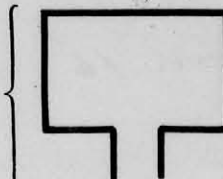
RECORD AND BILL OF ITEMS

Yearly No. 69Total to Date 179

FOR THE FUNERAL OF

Anthony H Gita

Date of Death, June 17, 1907 Color White Age { 8 Years.
1 Months.
2 Days.
 Name of Deceased, Anthony H Gita
 Place of death, No. 4 Adams Street, 324 State St Ward No. 63
 Residence, " Sex, Male Single, Single Married, "
 Occupation, None Wife of "
 Birth-place, Syria Widow of "
 Name of Father, David Gita His Birth-place, * Syria
 Maiden Name of Mother, Mary Melm Her Birth-place, * "
 Cause of death, { Primary, Obstruction of lungs Duration, 4 weeks
 Cause of death, { Secondary, " Duration, "
 Certifying Physician, Dr. Matta His Residence, 6 Church St
 Place of burial, Caribou Maine Cemetery, Lot or Grave No. " Section No. "
 Funeral Services at None
 Time of Services, "
 Date of Interment, ", 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <u>3004</u>	Candles, <u>6 lbs</u>
Size, <u>4 1/6</u> Made by <u>National</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>Depot</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Wool cloths</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Waileys</u>
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by <u>David Gita</u>
Cemetery Fee	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 70

FOR THE FUNERAL OF

Total to Date 180

Frederic Roberts

Date of Death, June 19 1907 Color † White Age { 18 Years.
1 Months.
1 Days.

Name of Deceased, Frederic Roberts

Place of death, Clarksburg Mass. Millards Pond Street, Ward No.

Residence, 24 Harris St. No. Adams, Sex, Male Single, Single Married,

Occupation, Labourer Wife of

Birth-place, Canada Widow of

Name of Father, James Roberts, His Birth-place, * Canada

Maiden Name of Mother, Martiline Roberts Her Birth-place, *

Cause of death, { Primary, accidental drowning Duration,

Cause of death, { Secondary Duration,

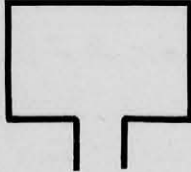
Certifying Physician, C. J. Brown, His Residence, Church St.

Place of burial, So. View No. Adams, Cemetery, Lot or Grave No. 718 Section No. Single

Funeral Services at, Notre Dame,

Time of Services, 9 A. M.

Date of Interment, June 21 1907

Diagram of Burial Lot. {  Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, Elliptic Int oak	Candles, 6 lbs
Size, 6/6 Made by Woolly	Gloves, 6 Pk white
Lining, White Satin	Hearse to, So View Cemetery
Handles, Uld Sil	Carriage for,
Plate, " "	" "
Outside Box, Pine	" "
Burial robe, black Cash	Carriages at Funeral, 4
Preserving Body with, Uopine	Death Notices in, Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Mrs James Roberts
Cemetery Fee,	Bill charged to, " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 71Total to Date 181

FOR THE FUNERAL OF

Nellie Quinten

Date of Death, June 20 1907 Color White Age 38 Years. 64 Months. — Days.

Name of Deceased, Nellie Quinten

Place of death, No Adams Street, 5 Phoenix Ward No. —

Residence, #5 Phoenix St No Adams Sex, female Single, Married

Occupation, None Wife of Sabidore Quinten

Birth-place, New Haven Conn. Widow of —

Name of Father, Lawrence Power His Birth-place, Ireland

Maiden Name of Mother, Unknown Her Birth-place, —

Cause of death, Primary, Cancer of Pancreas Duration, 6 months

Cause of death, Secondary, — Duration, —

Certifying Physician, Dr M M Brown His Residence, Main

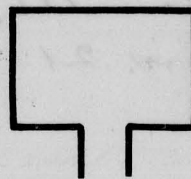
Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. — Section No. —

Funeral Services at, St Francis

Time of Services, 9 A M

Date of Interment, June 22 1907

Diagram of Burial Lot. }



Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 1200</u>	Candles, <u>5 lbs</u>
Size, <u>5/6</u> Made by <u>National</u>	Gloves, <u>6 Pk black</u>
Lining, <u>White</u>	Hearse to <u>St Josephs Cemetery</u>
Handles, <u>Sil</u>	Carriage for <u>—</u>
Plate, <u>Sil</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u># 1059</u>	Carriages at Funeral, <u>four</u>
Preserving Body with <u>—</u>	Death Notices in <u>Local</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Sabidore Quinten</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

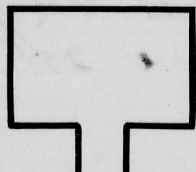
Yearly No. 72

FOR THE FUNERAL OF

Total to Date 182

Willis Martin

Date of Death, June 21 1907 Color † White Age { 36 Years.
 Name of Deceased, Willis Martin 65 { Months
 Days.
 Place of death, No Adams Street, Waverly Place Ward No.
 Residence, " " Sex, female Single, Married, Widowed
 Occupation, None Wife of
 Birth-place, Stamford Vt. Widow of
 Name of Father, John Hillard His Birth-place, * Ireland
 Maiden Name of Mother, Marie Welch Her Birth-place, * "
 Cause of death, { Primary, Tuberculosis Duration,
 Cause of death, { Secondary Duration,
 Certifying Physician, Dr M. G. Gath His Residence, Holden
 Place of burial, No Adams So. View Cemetery, Lot or Grave No. own lot Section No.
 Funeral Services at St. Francis
 Time of Services, 2 P.M. June 22
 Date of Interment, June 22 1907

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 41	Candles, 1 set
Size, 5/6 Made by Florence	Gloves, 4 Pair white
Lining, white	Hearse to So. View Cemetery
Handles, Sil	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, # 1009	Carriages at Funeral, 1
Preserving Body with (Hoping)	Death Notices in (Herald)
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mr & Mrs Thomas O'Connell
Cemetery Fee, \$ 00	Bill charged to " " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 73Total to Date 183

FOR THE FUNERAL OF

Adel Vendetta

Date of Death, June 22 1907 Color White Age 52 Years. 66 Months. — Days.

Name of Deceased, Adel Vendetta

Place of death, No. Adams Street, Cambridge & Furness Ward No. —

Residence, " Sex, female Single, Married, Married

Occupation, None Wife of Eusebio

Birth-place, Canada Widow of —

Name of Father, Geo. Patten His Birth-place, Can.

Maiden Name of Mother, Mrs. Mander Her Birth-place, —

Cause of death, Primary, Heart Disease Duration, —

Cause of death, Secondary, — Duration, —

Certifying Physician, C. J. Curran His Residence, Essex St.

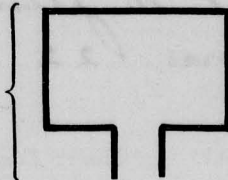
Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. — Section No. —

Funeral Services at Notre Dame

Time of Services, 9 A. M. June 25

Date of Interment, June 25 1907

Diagram of Burial Lot. }



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1001</u>	Candles, <u>6 lbs</u>
Size, <u>6/8 Extra</u> Made by <u>Florence</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White Silk</u>	Hearse to <u>St Joseph's Cemetery</u>
Handles, <u>Old Sil</u>	Carriage for <u>—</u>
Plate, <u>"</u>	" " <u>—</u>
Outside Box, <u>Cherstrut</u>	" " <u>—</u>
Burial robe, <u>Black Cash.</u>	Carriages at Funeral, <u>Ten</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Wailes</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Eusebio Vendetta</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 74

FOR THE FUNERAL OF

Total to Date 184

Charles M. Roman,

Date of Death, June 27 1907 Color † White Age { 7 Years.
7 Months.
7 Days.

Name of Deceased, Charles M. Roman, 67

Place of death, No. Adams, Mass. Street, 65 Brooklyn Ward No.

Residence, " " " Sex, Male Single, Married,

Occupation, None. Wife of

Birth-place, No Adams. Widow of

Name of Father, Michael Roman. His Birth-place, * Ireland,

Maiden Name of Mother, Catharine Murphy. Her Birth-place, *

Cause of death, Primary, Tubercular Meningitis Duration, 14 days.

Cause of death, Secondary, Duration,

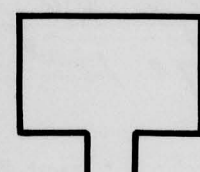
Certifying Physician, U. J. Brown. His Residence,

Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at, None.

Time of Services, "

Date of Interment, June 27 1907

Diagram of Burial Lot. } 

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 01 1/2	Candles, None
Size, 2/6 Made by Florence	Gloves, "
Lining, White	Hearse to Cemetery
Handles, Sil	Carriage for
Plate, Rev Darling	" "
Outside Box, Pine	" "
Burial robe, Linen clothes	Carriages at Funeral,
Preserving Body with	Death Notices in Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Michael Roman
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 75

Total to Date 185

FOR THE FUNERAL OF

Agnes M Sibley

Date of Death, June 28 1907 Color White Age { 28 Years. 68 Months. Days.

Name of Deceased, Agnes M Sibley

Place of death, No Adams Hospital Street, Ward No.

Residence, Monro Bridge Mass Sex, female Single, Married, Married

Occupation, None Wife of Leon Sibley

Birth-place, Scotland Widow of

Name of Father, William Taylor His Birth-place, * Scotland

Maiden Name of Mother, Annie Coftu Her Birth-place, *

Cause of death, { Primary, Septic Pneumonia Duration, 11 days.

Cause of death, { Secondary, Duration,

Certifying Physician, H. J. Brown His Residence, Main

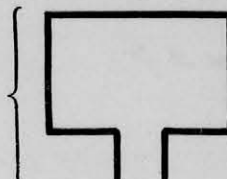
Place of burial, Troy N.Y. Oakwood Cemetery, Lot or Grave No. Section No.

Funeral Services at Troy N.Y.

Time of Services,

Date of Interment, July 1st 1907

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 3168 1/2	Candles, None
Size, 5/9 Made by Fibre	Gloves,
Lining, White satin	Hearse to Depot, Cemetery
Handles, Sil	Carriage for
Plate,	" "
Outside Box, Chestnut	" "
Burial robe, White silk	Carriages at Funeral, None
Preserving Body with Disinfectant	Death Notices in Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Leon Sibley
Cemetery Fee,	Bill charged to

DR.

CR.

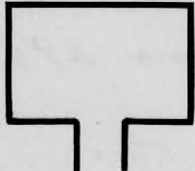
RECORD AND BILL OF ITEMS

Yearly No. 76

FOR THE FUNERAL OF

Total to Date 186

Edward Chaffron

Date of Death, *June 28* 190*7* Color *White* Age { *5* Years.
 Name of Deceased, *Edward Chaffron* 69 Months
 Place of death, *No. Adams* Street, *100 Furnace* Ward No.
 Residence, " " Sex, *Male* Single, *Single* Married,
 Occupation, *None* Wife of
 Birth-place, *No. Adams* Widow of
 Name of Father, *Meddric Chaffron* His Birth-place, * *Ausable Forks N. Y.*
 Maiden Name of Mother, } *Abigail Carey* Her Birth-place, * *No. Adams*
 Cause of death, { Primary, *Stoppage of bile duct* Duration, *11 days*
 Cause of death, { Secondary, Duration,
 Certifying Physician, *U. J. Brown* His Residence, *Maine*
 Place of burial, *No. Adams Hillside* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *None*
 Time of Services,
 Date of Interment, *June 29* 190*7* Diagram of }
 Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 5</i>	Candles, <i>2 lbs.</i>
Size, <i>2 1/3</i> Made by <i>Florence</i>	Gloves,
Lining, <i>White</i>	Hearse to Cemetery
Handles, <i>Sil</i>	Carriage for
Plate, <i>Urs Darling</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Urs clothes</i>	Carriages at Funeral, <i>2</i>
Preserving Body with	Death Notices in <i>Mail</i>
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by <i>Meddric Chaffron</i>
Cemetery Fee	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 77Total to Date 187

FOR THE FUNERAL OF

Margaret Dougherty

Date of Death, June 27 1907 Color White Age 73 Years. 0 Months. 0 Days.

Name of Deceased, Margaret Dougherty

Place of death, Holyoke Mass Street, Ward No.

Residence, Sex, female Single, Widowed Married,

Occupation, Nurse Wife of

Birth-place, Ireland Widow of

Name of Father, His Birth-place, *

Maiden Name }
of Mother, }

Cause of death, } Primary, Cerebral apoplexy Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at Holyoke

Time of Services, 9 A.M. June 29 '07

Date of Interment, June 29 1907

Diagram of
Burial Lot.

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>12. 10</u>	Candles, <u></u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u></u>
Lining, <u>White</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Chestnut</u>	" " <u></u>
Burial robe, <u>Own clothes</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u></u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Frank Dougherty</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

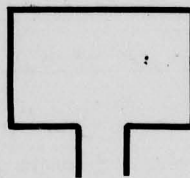
Yearly No. 78

Total to Date 188

FOR THE FUNERAL OF

Michael C Neil

Date of Death, June 29 1907 Color † White Age { 74 Years.
 Name of Deceased, Michael C Neil 70 Months
 Place of death, No Adams Street, 43 W. Main St. Ward No. Days.
 Residence, Sex, Male Single, Married, Widowed
 Occupation, Laborer Wife of
 Birth-place, Ireland Widow of
 Name of Father, Unknown His Birth-place, * Ireland
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, } Primary, Cancer of Liver Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, W. F. McLoath His Residence, Holden
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services,
 Date of Interment, 190 Diagram of }
 Burial Lot. }



Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1210	Candles, 6 lbs.
Size, 5/9 Made by National	Gloves, 6 Pr. black
Lining, White Satin	Hearse to Hillside Cemetery
Handles, Up	Carriage for
Plate, "	" "
Outside Box, Chestnut	" "
Burial robe, Warm cloths	Carriages at Funeral, Six
Preserving Body with Esco	Death Notices in Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs. Wm. J. G. G.
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 79

Total to Date 189

FOR THE FUNERAL OF

Mrs Margaret Clasen

Date of Death, July 1st 1907 Color † White Age { 81 Years.
Months.
Days.

Name of Deceased, Margaret Clasen 71

Place of death, 518 Union St North Adams Mass Ward No.

Residence, 518 Union St Sex, female Single, Married, married

Occupation, housewife Wife of James Clasen

Birth-place, Weymouth Mass Widow of

Name of Father, John Collins His Birth-place, * Ireland

Maiden Name of Mother, Bridget O'Hare Her Birth-place, * "

Cause of death, } Primary, pneumonia Duration, 4 months

Cause of death, } Secondary, Duration,

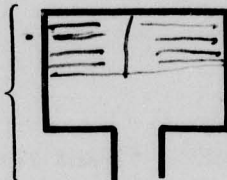
Certifying Physician, Dr. Curran His Residence, Eagle St North Adams

Place of burial, St Josephs Cemetery, Lot or Grave No. 2 1/2 half Section No.

Funeral Services at St Francis Church

Time of Services, 9 AM

Date of Interment, July 11 - 1907

Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1219	Candles, 8 lbs
Size, 5' 9" Made by A. J. C. Co.	Gloves, 6 P. Grey
Lining, White silk	Hearse to W. D. St. Josephs Cemetery
Handles, Brunch Grey silk	Carriage for
Plate, Square 1' 6"	" "
Outside Box, Pine	" "
Burial robe, sundress	Carriages at Funeral, 6
Preserving Body with Esco	Death Notices in Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by James Clasen
Cemetery Fee,	Bill charged to " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 80

FOR THE FUNERAL OF

Total to Date 190

Charles Ora Cardinal

Date of Death, *July 11th* 190*7* Color *White* Age { *1* Year, *1* Month, *2* Days

Name of Deceased, *Charles Ora Cardinal*

Place of death, *Stamford Ct* Street, *---* Ward No. *---*

Residence, *" "* Sex, *Male* Single, *Single* Married, *---*

Occupation, *none* Wife of *---*

Birth-place, *Stamford Ct.* Widow of *---*

Name of Father, *Map Cardinal* His Birth-place, * *Canada*

Maiden Name of Mother, { *Cardenia Martin* Her Birth-place, * *"*

Cause of death, { Primary, *---* Duration, *---*

Cause of death, { Secondary, *---* Duration, *---*

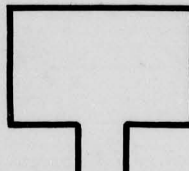
Certifying Physician, *Dr. A. Nichols* His Residence, *Stamford Ct*

Place of burial, *North Adams Josephs* Cemetery, Lot or Grave No. *---* Section No. *---*

Funeral Services at *Prayer at grave*

Time of Services, *---*

Date of Interment, *July 13th* 190*7*

Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus:  Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>26 Coffin #1</i>	Candles, <i>---</i>
Size, <i>26</i> Made by <i>florance</i>	Gloves, <i>---</i>
Lining, <i>ince White</i>	Hearse to <i>---</i> Cemetery <i>---</i>
Handles, <i>Ant</i>	Carriage for <i>---</i>
Plate, <i>made one himself</i>	" " <i>---</i>
Outside Box, <i>made one for self</i>	" " <i>---</i>
Burial robe, <i>cardinal</i>	Carriages at Funeral, <i>---</i>
Preserving Body with <i>family attended to that</i>	Death Notices in <i>Dailies</i>
Washing and Dressing, <i>" " " "</i>	
Shaving, <i>---</i>	
Services, <i>none</i>	
Use of Chairs, <i>---</i>	Goods ordered by <i>Map Cardinal</i>
Cemetery Fee, <i>---</i>	Bill charged to <i>" " " "</i>

DR.

CR.

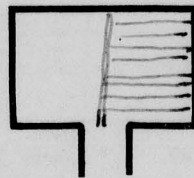
RECORD AND BILL OF ITEMS

Yearly No. 81

Total to Date 191

FOR THE FUNERAL OF

Elizabeth Rivers
 Date of Death July 13th 1907 Color † White Age 72 { 47 Years.
 Name of Deceased Elizabeth Rivers { 11 Months.
 Place of death, 14 North St Street, Ward No. { 7 Days.
 Residence, 14 North St Sex, female Single, Married, ~~Married~~
 Occupation, none Wife of James Rivers
 Birth-place, Rossmore St Widow of
 Name of Father, Patrick Hogan His Birth-place, * Ireland
 Maiden Name of Mother, Ellen Hackett Her Birth-place, * Ireland
 Cause of death, { Primary, Pyrexia & pneumonia Duration, 1
 Cause of death, { Secondary, acute Brights Duration, 1
 Certifying Physician, W. W. Heath M.D. His Residence, 40 Aldin St
 Place of burial, St Josephs Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis
 Time of Services, 9 a.m.
 Date of Interment, July 15th 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 10934 BAC	Candles, 2 lbs
Size, 6/6 Made by Bristol	Gloves, 6 Pairs
Lining, Cream Satin Chiffon over	Hearse to St Josephs Cemetery
Handles, Silk & steel	Carriage for
Plate, Silver #200	" "
Outside Box, Pine	" "
Burial robe, Blk with 2122 dt	Carriages at Funeral, 6
Preserving Body with Esco & C	Death Notices in Daily
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by James Rivers
Cemetery Fee	Bill charged to 11

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 182

Total to Date 192

FOR THE FUNERAL OF

Caroline Casparala

Date of Death, July 13 - 1907

Color † White Age { 21 Years.

{ Months

{ Days

Name of Deceased, Carolina Casparala

Place of death, Asasac Tunnel Street, Road & Road No. Ward No.

Residence, " " Sex, female Single, married Married,

Occupation, none Wife of Samuel Casparala

Birth-place, Italy Widow of

Name of Father, Cyrilo Casara His Birth-place, * Italy

Maiden Name } of Mother, } Dominica Casparala Her Birth-place, * "

Cause of death, } Primary, General Peritonitis Duration, few days

Cause of death, } Secondary, Pernicious Anemia Duration, " "

Certifying Physician, Dr. Bradley His Residence, Readingport Ct

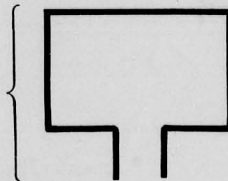
Place of burial, St. James St. Cemetery, Lot of Grave No. 5-W-18 Section No. 22

Funeral Services at, St. Anthony's

Time of Services, 10:30 A.M. July 15-07

Date of Interment, July 15-th 1907

Diagram of Burial Lot. }



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, one

Size, 58 Made by Wallys

Lining, White ordinary stuff

Handles, Silver bar

Plate, Square cast iron

Outside Box, Pine

Burial robe, none dress

Preserving Body with, E.C. & Co.

Washing and Dressing,

Shaving,

Services,

Use of Chairs, none

Cemetery Fee,

Candles, 6 lbs

Gloves, none

Hearse to Depot & Cemetery

Carriage for

" "

" "

Carriages at Funeral, 6

Death Notices in, Ladies

Goods ordered by Samuel Casparala

Bill charged to, " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 83

FOR THE FUNERAL OF

Total to Date 1907

Angelo Pedercini 138 State

Date of Death July 17 1907 Color White Age 73 { 4 Years. 4 Months. 2 Days.

Name of Deceased, Angelo Pedercini

Place of death, Ward No. 138 Street, State Ward No. 138

Residence, State Sex, Male Single, Single Married, Married

Occupation, none Wife of none

Birth-place, North Adams Widow of none

Name of Father, Bythite Pedercini His Birth-place, Italy

Maiden Name of Mother, Rosey Dulucq Her Birth-place, Italy

Cause of death, { Primary, Cholera Infantum Duration, 4 days

Cause of death, { Secondary, none Duration, none

Certifying Physician, J. D. Matte His Residence, Church St

Place of burial, South Oakes Cemetery, Lot or Grave No. 7228 Section No. West Side

Funeral Services at, Prayer at Grave

Time of Services, 4 P.M.

Date of Interment, July 18 1907

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>40 PR Square</u>	Candles, <u>2 lbs</u>
Size, <u>40</u> Made by <u>Walley</u>	Gloves, <u>none</u>
Lining, <u>luteum</u>	Hearse to <u>none</u> Cemetery <u>none</u>
Handles, <u>luteum</u>	Carriage for <u>none</u>
Plate, <u>OD</u>	" " <u>none</u>
Outside Box, <u>Pine</u>	" " <u>none</u>
Burial robe, <u>unders</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u>Evers by at night</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>none</u>	
Shaving, <u>none</u>	
Services, <u>none</u>	
Use of Chairs, <u>none</u>	Goods ordered by <u>none</u>
Cemetery Fee, <u>1.50</u>	Bill charged to <u>none</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly ~~84~~ 84

Total to Date 194

FOR THE FUNERAL OF

Demetrio Mano

Date of Death *July 23* 190 *7* Color *White* Age *1* Years. *1* Months. *14* Days.

Name of Deceased, *Demetrio Mano*

Place of death, *No Adams* Street, *11 Pebble* Ward No.

Residence, Sex, *Male* Single, *Single* Married,

Occupation, *None* Wife of

Birth-place, *No Adams* Widow of

Name of Father, *Pietro Mano* His Birth-place, * *Italy*

Maiden Name of Mother, *Pietro Scheroff* Her Birth-place, *

Cause of death, Primary, *Cholera* Duration,

Cause of death, Secondary, Duration,

Certifying Physician, *Riley* His Residence, *Main St.*

Place of burial, *So. Vinton No Adams* Cemetery, Lot or Grave No. *716* Section No. *Four*

Funeral Services at *None*

Time of Services,

Date of Interment, *July 24* 190 *7*

Diagram of
Burial Lot.

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>#1</i>	Candles, <i>2 lbs.</i>
Size, <i>2 1/2</i> Made by <i>Felice</i>	Gloves, <i>None</i>
Lining, <i>White</i>	Hearse to Cemetery
Handles, <i>Imitation</i>	Carriage for
Plate,	" "
Outside Box, <i>None</i>	" "
Burial robe, <i>Own clothes</i>	Carriages at Funeral,
Preserving Body with	Death Notices in <i>Hailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs, <i>11</i>	Goods ordered by <i>Pietro Mano</i>
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 85Total to Date 85

FOR THE FUNERAL OF

Alfred Carrine

Date of Death, July 27, 1907 Color White Age 75 { Years. 1 Months. 6 Days. 1

Name of Deceased, Alfred Carrine

Place of death, No. Adams Street, Willow Hill Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, Joseph Carrine His Birth-place, Canada

Maiden Name of Mother, Marie Richards Her Birth-place, "

Cause of death, { Primary, Inflammation of bowels Duration,

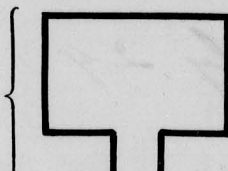
Cause of death, { Secondary, Duration,

Certifying Physician, Bushnell His Residence, Union St.

Place of Burial, No. Adams S. V. Cemetery, Lot or Grave No. 724 Section No. Three

Funeral Services at Notre Dame

Time of Services, 3:30 P.M. July 28 '07

Date of Interment, July 28, 1907 Diagram of Burial Lot. {  Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P.H. # 0112</u>	Candles, <u>None</u>
Size, <u>3/0</u> Made by <u>Flournoy</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u>"</u>
Handles, <u>Sil</u>	Carriage for <u>family</u>
Plate, <u>Union Starling</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u></u>	Death Notices in <u>Laillies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Joseph Carrine</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 86

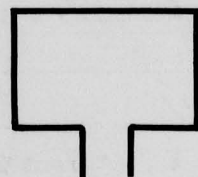
Total to Date 196

FOR THE FUNERAL OF

Carmelia Caporale

Date of Death, *July 28* 190 *7* Color *†* Age *33* Years.
 Name of Deceased, *Carmelia Caporale* 76 Months
 Place of death, *No. Adams* Street, *1 Moulton Hill* Ward No. *Married*
 Residence, *"* Sex, *female* Single, *Married*
 Occupation, *None* Wife of *Joseph*
 Birth-place, *Italy* Widow of *"*
 Name of Father, *Phillip Santoro* His Birth-place, *Italy*
 Maiden Name of Mother, *Rosaria* Her Birth-place, *"*
 Cause of death, *Primary, Pch disease of spine* Duration, *1 yr.*
 Cause of death, *Secondary, Progressive Anemia* Duration, *"*
 Certifying Physician, *W. Grath* His Residence, *Holden*
 Place of burial, *No. Adams St View* Cemetery, Lot or Grave No. *721* Section No. *free*
 Funeral Services at *St. Anthony*
 Time of Services, *9 A. M. July 30 '07*
 Date of Interment, *July 30* 190 *7*

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 13</i>	Candles, <i>6 lbs</i>
Size, <i>5/9</i> Made by <i>Flourence</i>	Gloves, <i>6 Pr black</i>
Lining, <i>white</i>	Hearse to <i>South View</i> Cemetery
Handles, <i>Sil bar</i>	Carriage for
Plate, <i>" sq</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>lawn clothes</i>	Carriages at Funeral,
Preserving Body with <i>Esco</i>	Death Notices in <i>Dailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Giuseppe Caporale</i>
Cemetery Fee,	Bill charged to <i>"</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 88

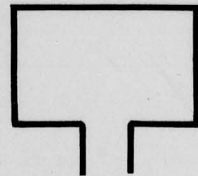
FOR THE FUNERAL OF

Total to Date 198

Angelo Pedercini

Date of Death, Aug. 4 1907 Color † White Age { Years. Months. Days. 20
 Name of Deceased, Angelo Pedercini 78
 Place of death, No. Adams Street, 66 Furnace Ward No.
 Residence, Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, No. Adams Widow of
 Name of Father, Pietro Pedercini His Birth-place, * Italy
 Maiden Name } of Mother, } Louisa Pedercini Her Birth-place, * "
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, His Residence,
 Place of burial, No. Adams So. View Cemetery, Lot or Grave No. 724 Top Section No. P.
 Funeral Services at, None
 Time of Services,
 Date of Interment, Aug. 5 1907

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. K. Sg.	Candles, 2 lbs.
Size, 2 1/2 Made by Woolly	Gloves, None
Lining, white	Hearse to Cemetery
Handles, Lamb	Carriage for 1
Plate, Wm. Harding	" "
Outside Box, Pine	" "
Burial robe, Wm. clothes	Carriages at Funeral,
Preserving Body with	Death Notices in, Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Pietro Pedercini
Cemetery Fee,	Bill charged to,

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 89Total to Date 199

FOR THE FUNERAL OF

Lawrence QuintonDate of Death, Aug 5 1907Color † White Age { 1 Years.
2 Months.
2 Days.

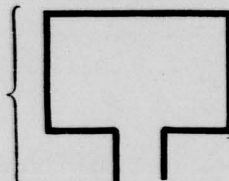
Name of Deceased, _____

Place of death, Holyoke Mass Street, Brightside Ward No. _____Residence, No Adams Sex, Male Single, Single Married, _____Occupation, None Wife of _____Birth-place, No Adams Widow of _____Name of Father, Salvatore Quinton His Birth-place, * ItalyMaiden Name of Mother, Nellie Powers Her Birth-place, * New Haven ConnCause of death, { Primary, Strangled Hernia Duration, _____

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, Holyoke Physician His Residence, _____Place of burial, No Adams St Josephs Cemetery, Lot or Grave No. _____ Section No. Gentile's LotFuneral Services at None

Time of Services, _____

Date of Interment, Aug 7 1907Diagram of
Burial Lot. }Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 2030</u>	Candles, <u>2 lbs</u>
Size, <u>2/9</u> Made by <u>National</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>St Josephs Cemetery</u>
Handles, <u>Leamls</u>	Carriage for _____
Plate, <u>None</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Own clothes</u>	Carriages at Funeral, <u>Two</u>
Preserving Body with _____	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Salvatore Quinton</u>
Cemetery Fee, _____	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 90

FOR THE FUNERAL OF

Total to Date 200

Male Infant. Ross Haffner

Date of Death, Aug 7 1907 Color † White Age { 79 Years.
 Name of Deceased, Male Infant of Ross Haffner 79 Months
 Place of death, No Adams Street, 202 River St Ward No. Days.
 Residence, Sex, Male Single, Married,
 Occupation, None Wife of
 Birth-place, No Adams Widow of
 Name of Father, Unknown His Birth-place, *
 Maiden Name of Mother, } Ross Haffner Her Birth-place, *
 Cause of death, } Primary, Stillborn Duration,
 Cause of death, } Secondary, Prematurity Duration,
 Certifying Physician, F. L. Forster His Residence, Union St.
 Place of burial, No Adams S. View Cemetery, Lot or Grave No. Section No.
 Funeral Services at, None.

Time of Services,
 Date of Interment, 190

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 29	Candles, None
Size, 2 Made by Comiskey	Gloves, "
Lining, White	Hearse to Cemetery
Handles, None	Carriage for
Plate, "	" "
Outside Box, "	" "
Burial robe, "	Carriages at Funeral, "
Preserving Body with	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Eugene Haffner
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 91Total to Date 201

FOR THE FUNERAL OF

Mary Eno

Date of Death, Aug. 6 1907 Color White Age { 29 Years.
— Months.
— Days.

Name of Deceased, Mary Eno

Place of death, Superior Wis. Street, 1311 John Ave. Ward No. —

Residence, " Sex, female Single, — Married, Married

Occupation, Housewife Wife of —

Birth-place, White Creek N.Y. Widow of —

Name of Father, Terrence Branigan His Birth-place, * Ireland

Maiden Name } Her Birth-place, * —
of Mother, }

Cause of death, } Primary, result of operation Duration, —
Cause of death, } Secondary, Pericarditis Duration, 3 days

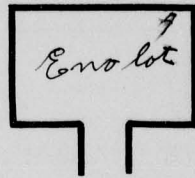
Certifying Physician, H. Saragiss His Residence, Superior Wis.

Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. 4 Section No. —

Funeral Services at St. Francis

Time of Services, 9 A.M. Aug 10

Date of Interment, Aug 10 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>121 Ash & Rose</u>	Candles, <u>—</u>
Size, <u>57 1/2</u> Made by <u>—</u>	Gloves, <u>—</u>
Lining, <u>White Satin</u>	Hearse to <u>St. Joseph's Cemetery</u>
Handles, <u>Sil</u>	Carriage for <u>—</u>
Plate, <u>—</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>—</u>	Carriages at Funeral, <u>8</u>
Preserving Body with <u>—</u>	Death Notices in <u>Laurels</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>M. J. Eno</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

RECORD AND BILL OF ITEMS

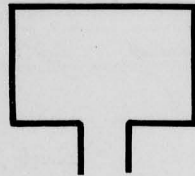
Yearly No. 92

FOR THE FUNERAL OF

Total to Date 2 1 2

Marion Battis

Date of Death, August 14 190 7 Color White Age { 5 Years.
5 Months.
— Days.
 Name of Deceased, Marion Battis
 Place of death, Clarksburg Mass Street, 27 Wheeler Ave Ward No. —
 Residence, — Sex, female Single, Single Married, —
 Occupation, None Wife of —
 Birth-place, No Adams, Mass Widow of —
 Name of Father, Purcell Battis His Birth-place, * Adams Mass
 Maiden Name } Helen Leapard Her Birth-place, * Burlington Vt.
 of Mother, }
 Cause of death, { Primary, — Duration, —
 Cause of death, { Secondary, Pneumonia Duration, 7 days
 Certifying Physician, E. E. Russell His Residence, River St.
 Place of burial, No Adams So. View Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at None
 Time of Services, —

Date of Interment, August 16 190 7Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P.K. coffin</u>	Candles, <u>2 lbs.</u>
Size, <u>2/3</u> Made by <u>wooley</u>	Gloves, <u>None</u>
Lining, <u>white</u>	Hearse to <u>—</u> Cemetery <u>—</u>
Handles, <u>Lamb</u>	Carriage for <u>—</u>
Plate, <u>Chas. Darling</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>lawn clothes</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Herald</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Purcell Battis</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 93Total to Date 203

FOR THE FUNERAL OF

Karl Higgins

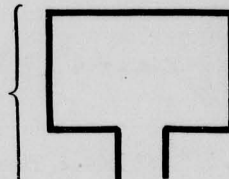
Date of Death, Aug 16 1907 Color White Age { 1 Years.
0 Months.
0 Days.

Name of Deceased, Karl HigginsPlace of death, Clarksburg Mass Street, _____ Ward No. _____Residence, 6 Centre St. No. Adams Sex, Male Single, Single, Married, _____Occupation, None Wife of _____Birth-place, No. Adams Mass Widow of _____Name of Father, William Higgins His Birth-place, * Bridgeport Ct.Maiden Name of Mother, Blanche Campbell Her Birth-place, * Stowe, Vt.Cause of death, { Primary, Murasmus Duration, 7 mos

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, E. E. Russell His Residence, River St.Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. _____ Section No. _____Funeral Services at None

Time of Services, _____

Date of Interment, Aug 17 1907Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 5</u>	Candles, <u>2 lbs.</u>
Size, <u>2 1/3</u> Made by <u>Florence</u>	Gloves, <u>None</u>
Lining, <u>Pink & White</u>	Hearse to _____ Cemetery
Handles, <u>Sil bar</u>	Carriage for _____
Plate, <u>Our Darling</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Wool Dress</u>	Carriages at Funeral, _____
Preserving Body with <u>absorption</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>William Higgins</u>
Cemetery Fee, _____	Bill charged to _____

DR.

CR.

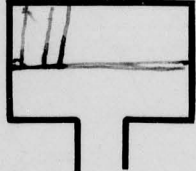
RECORD AND BILL OF ITEMS

Yearly No. 94

FOR THE FUNERAL OF

Total to Date 204

Catharine Bowes

Date of Death, August 17 1907 Color White Age 70 Years.
 Name of Deceased, Catharine Bowes 80 Months
 Place of death, No. Adams Street, 53 Jackson Ward No.
 Residence, " Sex, female Single, Married, Widowed
 Occupation, None Wife of Patrick
 Birth-place, Ireland Widow of "
 Name of Father, Unknown His Birth-place, *
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, } Primary, Vascular Disease of Heart Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Stafford His Residence,
 Place of burial, No. Adams So View Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A.M. Aug 20 07
 Date of Interment, Aug 20 1907 Diagram of Burial Lot.  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 
 † State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>9010</u>	Candles, <u></u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>6 Pr. black</u>
Lining, <u>White Satin</u>	Hearse to <u>So View</u> Cemetery
Handles, <u>Ux. Ex.</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Chestnut</u>	" " <u></u>
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>Seven</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u></u>
Cemetery Fee, <u></u>	Bill charged to <u></u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 98

Total to Date 205

FOR THE FUNERAL OF

Margaret Visions

Date of Death, August 18, 1907 Color † White Age { 48 Years.
 8 Months.
 Days.

Name of Deceased, Margaret Visions

Place of death, No Adams Hospital Street, Ward No.

Residence, No Adams E. Living St Sex, female Single, Married, Married

Occupation, None Wife of John Visions

Birth-place, Lee Mass Widow of

Name of Father, William Vary His Birth-place, * Ireland

Maiden Name of Mother, Bridget Sullivan Her Birth-place, *

Cause of death, { Primary, Starvation Duration,

Cause of death, { Secondary, Stomach Disease Duration, 6 or 8 months

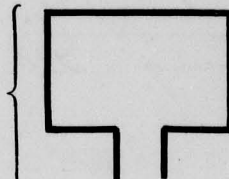
Certifying Physician, Dr. L. A. Jones His Residence, E Main St

Place of burial, Adams Mass Cemetery, Lot or Grave No. Section No.

Funeral Services at St Francis

Time of Services, 10 A. M. Aug 20

Date of Interment, Aug 20, 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1218	Candles, 6 lbs.
Size, 5/9 Made by National	Gloves, 6 Pr. black
Lining, Grey	Hearse to Adams Cemetery
Handles, Fernak Silbey	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Lion clothes	Carriages at Funeral, 14
Preserving Body with Esco,	Death Notices in Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by John Visions
Cemetery Fee,	Bill charged to " "

Dr.

Cr.

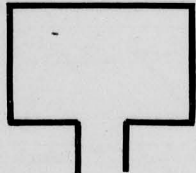
RECORD AND BILL OF ITEMS

Yearly No. 96

FOR THE FUNERAL OF

Total to Date 206

Daniel H. Connell

Date of Death, *Aug. 18* 190*7* Color *white* Age { *45* Years.
 Name of Deceased, *Daniel H. Connell* Months
 Place of death, *Ballston Spa, N. Y.* Street, Ward No. Days.
 Residence, Sex, *Male* Single, Married,
 Occupation, Wife of
 Birth-place, Widow of
 Name of Father, His Birth-place, *
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, *Phthisis* Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, His Residence,
 Place of burial, *No Adams Hillside* Cemetery, Lot or Grave No. Section No.
 Funeral Services at
 Time of Services,
 Date of Interment, 190 Diagram of Burial Lot.  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

Casket or Coffin Number, <i>1210</i>	Candles, <i>None</i>
Size, <i>37/9</i> Made by <i>National</i>	Gloves, <i>6 Pr black</i>
Lining, <i>White</i>	Hearse to <i>Hillside</i> Cemetery
Handles, <i>Sil</i>	Carriage for
Plate,	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Wool clothes</i>	Carriages at Funeral, <i>5</i>
Preserving Body with	Death Notices in <i>Dailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Lizzie Connell</i>
Cemetery Fee,	Bill charged to <i>"</i>

Dr.

Cr.

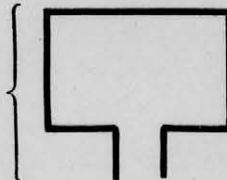
RECORD AND BILL OF ITEMS

Yearly No. 97Total to Date 207

FOR THE FUNERAL OF

Elsie Cherrbrough

Date of Death, Aug 22 1907 Color White Age 82 { 1 Years.
2 Months.
2 Days.
 Name of Deceased, Elsie Cherrbrough
 Place of death, No Adams Street, 33 Franklin Ward No.
 Residence, Kiverville N.Y. Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, Kiverville N.Y. Widow of
 Name of Father, Thomas Cherrbrough His Birth-place, * Eastleton N.Y.
 Maiden Name of Mother, Vernie Loman Her Birth-place, * Valatia N.Y.
 Cause of death, { Primary, Pneumonia Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, M. E. Guath His Residence, Holden
 Place of burial, Kiverville N.Y. Cemetery, Lot or Grave No. Section No.
 Funeral Services at Home
 Time of Services, 12.45 P.M. Aug 23
 Date of Interment, Aug 25 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#5</u>	Candles, <u>None</u>
Size, <u>2/6</u> Made by <u>National</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u></u>
Handles, <u>Sil. bar.</u>	Carriage for <u>family</u>
Plate, <u>Wm Darling</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Wm Dress</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Thomas Cherrbrough</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 98

FOR THE FUNERAL OF

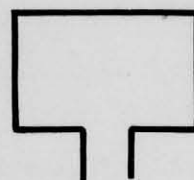
Total to Date 208

Frank Ferro

Date of Death, Aug 25 1907 Color † White Age { 6 Years.
8 Months.
23 Days.
Name of Deceased, Frank Ferro 83
Place of death, No. Adams Hospital Street, Ward No.
Residence, 17 Palmer Ave. No. Adams Sex, Male Single, Single Married,
Occupation, None Wife of
Birth-place, Charlemonst Mass Widow of
Name of Father, Angelo Ferro His Birth-place, * Italy
Maiden Name of Mother, Concetta Sanangale Her Birth-place, * "
Cause of death, { Primary, Typhoid Fever Duration, 15 days
Cause of death, { Secondary, Spinal Meningitis Duration,
Certifying Physician, C. J. Curran His Residence, Eagle St.
Place of burial, No. Adams So. View Cemetery, Lot or Grave No. 729 Section No. Four
Funeral Services at, None.

Time of Services, "

Date of Interment, Aug 26 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5	Candles, 2 lbs.
Size, 9/4 Made by Florence	Gloves, None
Lining, White	Hearse to So. View Cemetery
Handles, Sil bar	Carriage for
Plate,	" "
Outside Box, Pine	" "
Burial robe, Und. clothes	Carriages at Funeral, five
Preserving Body with, Esco	Death Notices in, Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Angelo Ferro
Cemetery Fee,	Bill charged to,

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 99Total to Date 209

FOR THE FUNERAL OF

Mary A. Lemoine

Date of Death, Aug 26 1907 Color White Age 84 { Years. Months. Days.

Name of Deceased, Mary A. LemoinePlace of death, No Adams Street, 180 W. Main Ward No. _____Residence, _____ Sex, female Single, Single Married, _____Occupation, None Wife of _____Birth-place, No Adams Widow of _____Name of Father, Herland Lemoine His Birth-place, * CanadaMaiden Name of Mother, Delphine Barier Her Birth-place, * Bedford N. J.Cause of death, { Primary, Whooping Cough Duration, 14 days

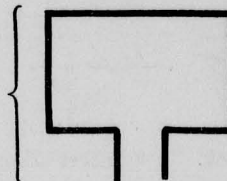
Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, Dr. Galvin His Residence, BlackingtonPlace of burial, No Adams Mass Cemetery, Lot or Grave No. 730 Section No. FiveFuneral Services at None

Time of Services, _____

Date of Interment, Aug 28 1907

Diagram of Burial Lot. {



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 5</u>			Candles, _____		
Size, <u>2 1/3</u> Made by <u>Floral</u>			Gloves, <u>None</u>		
Lining, <u>White</u>			Hearse to _____ Cemetery _____		
Handles, <u>W. Darling</u>			Carriage for _____		
Plate, _____			" " _____		
Outside Box, <u>Pine</u>			" " _____		
Burial robe, <u>Wool Clothes</u>			Carriages at Funeral, <u>Two</u>		
Preserving Body with <u>absorption</u>			Death Notices in <u>Dailies</u>		
Washing and Dressing, _____					
Shaving, _____					
Services, _____					
Use of Chairs, _____			Goods ordered by <u>Herland Lemoine</u>		
Cemetery Fee, _____			Bill charged to _____		

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 100

FOR THE FUNERAL OF

Total to Date 210

Helia Welch.

Date of Death, Aug. 27 190 7 Color White Age { 36 Years.
Helia Welch. 85 { Months
 Days.

Name of Deceased, Helia Welch.

Place of death, No. Adams. Street, 16 Reed St. Ward No. _____

Residence, _____ Sex, female Single, _____ Married, married

Occupation, House-wife Wife of John Welch.

Birth-place, Adams Mass. Widow of _____

Name of Father, William Keary. His Birth-place, * Ireland.

Maiden Name of Mother, } Bridget Sullivan Her Birth-place, * _____

Cause of death, } Primary, accidental burns Duration, _____

Cause of death, } Secondary, _____ Duration, _____

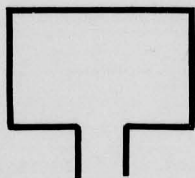
Certifying Physician, Thomas Bushnell. His Residence, Union St.

Place of burial, Adams Mass. Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at St. Francis

Time of Services, 9 A.M. Aug 29

Date of Interment, Aug 29 190 7

Diagram of Burial Lot. } 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: ☐

Casket or Coffin Number, <u>Sil B. P.</u>	Candles, <u>6 lbs.</u>
Size, <u>5/9</u> Made by <u>B.B. Co.</u>	Gloves, <u>6 Pr. Grey</u>
Lining, <u>White Silk</u>	Hearse to <u>Adams</u> Cemetery
Handles, <u>Uld Sil.</u>	Carriage for _____
Plate, _____	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Wool clothes</u>	Carriages at Funeral, <u>10</u>
Preserving Body with <u>Esco.</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>John B. Welch.</u>
Cemetery Fee, _____	Bill charged to _____

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 102

FOR THE FUNERAL OF

Total to Date 2/2

Rose Fredette

Date of Death, Aug 29 1907 Color † White Age { 39 Years. — Months. — Days.

Name of Deceased, Rose Fredette

Place of death, Clarkburg Mass Street, Ward No.

Residence, 6 Luther St No Adams Sex, female Single, Married, married

Occupation, Wife of Fred Fredette

Birth-place, No Adams Mass Widow of

Name of Father, Andrew Proulx His Birth-place, * Canada

Maiden Name of Mother, { Delina Lafontaine Her Birth-place, *

Cause of death, { Primary, Sudden by drinking Duration, 1 day

Cause of death, { Secondary, Duration,

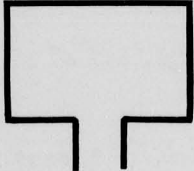
Certifying Physician, A. J. Brown M. D. His Residence, Church

Place of burial, No Adams So View Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, Aug 31 1907

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 621	Candles, 3 candles
Size, 5/6 Made by Florence	Gloves, None
Lining, white	Hearse to So View Cemetery
Handles, Sil Box.	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, own clothes	Carriages at Funeral, Four
Preserving Body with Diopine	Death Notices in Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Andrew Proulx
Cemetery Fee,	Bill charged to " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 103Total to Date 2/13

FOR THE FUNERAL OF

Charles B. Haley

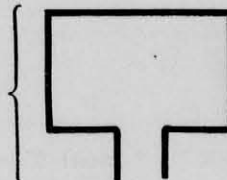
Date of Death, Aug 29 1907 Color White Age { 7 Years.
12 Months.
12 Days.

Name of Deceased, Charles B. HaleyPlace of death, Waltham Mass Street, _____ Ward No. _____Residence, _____ Sex, Male Single, Single Married, _____Occupation, None Wife of _____Birth-place, Waltham Mass Widow of _____Name of Father, Joseph Haley His Birth-place, * _____Maiden Name of Mother, Margaret Aboley Her Birth-place, * _____Cause of death, { Primary, Gastric Enteritis Duration, _____

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, Waltham Physician His Residence, _____Place of burial, No Adams Hillside Cemetery, Lot or Grave No. _____ Section No. _____Funeral Services at None

Time of Services, _____

Date of Interment, Aug 30 1907Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 53</u>	Candles, <u>None</u>
Size, <u>2/9</u> Made by <u>National</u>	Gloves, _____
Lining, <u>White</u>	Hearse to _____ Cemetery _____
Handles, <u>Sil. Bar.</u>	Carriage for <u>family</u>
Plate, <u>Name engraved</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Wool clothes</u>	Carriages at Funeral, <u>One</u>
Preserving Body with _____	Death Notices in <u>Waiver</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Mrs Joseph B. Haley</u>
Cemetery Fee, _____	Bill charged to _____

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 104

FOR THE FUNERAL OF

Total to Date... 214

Hella Alice Jones

Date of Death, *Sept. 3* 190*7* Color † *White* Age { *2* Years.
 87 Months
Name of Deceased, *Hella Alice Jones* Days.
Place of death, *No Adams Mass.* Street, *65 W main* Ward No.
Residence, " Sex, *female* Single, *Single* Married,
Occupation, *Nurse* Wife of
Birth-place, *No Adams Mass.* Widow of
Name of Father, *Ernest Jones* His Birth-place, * *Williamstown*
Maiden Name } *Louise Hill* Her Birth-place, * *No Adams*
of Mother, }
Cause of death, } Primary, *Cholera Infantum* Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, *Dr Ross Fletcher* His Residence, *Summer.*
Place of burial, *No Adams Hillside* Cemetery, Lot or Grave No. Section No.
Funeral Services at *Home*
Time of Services, *2:30 P.M.*
Date of Interment, *Sept 5-* 190*7*

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, *W R Coffin 20*
Size, *70* Made by *Wally*
Lining, *satin*
Handles, *lamb*
Plate, *O D Hand engraved*
Outside Box, *Pine*
Burial robe, *none dress*
Preserving Body with *Cass*
Washing and Dressing, *—*
Shaving, *—*
Services, *—*
Use of Chairs, *6*
Cemetery Fee, *none*

Candles,		
Gloves,		
Hearse to		Cemetery
Carriage for	Bur. Brown	
" "		
" "		
Carriages at Funeral,	two	
Death Notices in	Dailies	
Goods ordered by	Mrs. Jones	
Bill charged to	Ernest Jones	

Bill charged to.....*Ernest Jones*.....

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 105

Total to Date 215

FOR THE FUNERAL OF

Ellen Salina Maloney

Date of Death, Sept. 16, 1907 Color White Age { 4 Years. 4 Months. — Days.

Name of Deceased, Ellen Salina Maloney

Place of death, Clarksburg Mass. Street, Ward No.

Residence, Sex, female, Single, Single, Married,

Occupation, None, Wife of

Birth-place, No. Adams, Widow of

Name of Father, John Maloney, His Birth-place, * Pittsfield Mass.

Maiden Name of Mother, Susie Rumbolt, Her Birth-place, * Canada,

Cause of death, Primary, Blackshore, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Bushnell Jr., His Residence,

Place of burial, Clarksburg, Cemetery, Lot or Grave No. Section No.

Funeral Services at, None

Time of Services,

Date of Interment, Sept. 17, 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5	Candles, None
Size, 2 1/2 Made by Fibre	Gloves,
Lining, white	Hearse to none Cemetery
Handles, Lamb.	Carriage for
Plate, Blue Marling	" "
Outside Box, Pine	" "
Burial robe, Blue cloth	Carriages at Funeral, 2 single
Preserving Body with absorption	Death Notices in, Whittier
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs, none	Goods ordered by, John Maloney
Cemetery Fee, "	Bill charged to, "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 107Total to Date 217

FOR THE FUNERAL OF

Sarah J Rand

Date of Death, Sept 18 1907Color † White

Age {

57 Years.

— Months.

— Days.

Name of Deceased, Sarah J RandPlace of death, Centre St No Adams Street, 89

Ward No. _____

Residence, No Adams Sex, female Single, Married, WidowedOccupation, Nurse Wife of David RandBirth-place, Huilton N.Y. Widow of _____Name of Father, Thomas Eldridge His Birth-place, * UnknownMaiden Name } Unknown Her Birth-place, * _____Cause of death, } Primary, Syncope Duration, instantly

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, J. J. Brown His Residence, Church StPlace of burial, No. Adams Hillside Cemetery, Lot or Grave No. 2 Section No. _____Funeral Services at HomeTime of Services, 2:30 P.M.Date of Interment, Sept 20th 1907Diagram of }
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number, BBC 1210Size, 5/6 Made by NationalLining, crumpled silkHandles, Opidized

Plate, _____

Outside Box, chestnutBurial robe, own dressPreserving Body with ice cavity

Washing and Dressing, _____

Shaving, _____

Services, at Home

Use of Chairs, _____

Cemetery Fee, \$ 2.00Candles, noneGloves, 6 PairHearse to Hillside CemeteryCarriage for Rev Spencer

" " _____

" " _____

Carriages at Funeral, 34 & greaterDeath Notices in DailiesGoods ordered by Alex CardinalBill charged to Mrs. Rand Est

Dr.

Cr.

RECORD AND BILL OF ITEMS

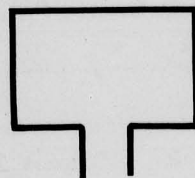
Yearly No. 108

Total to Date 2/8

FOR THE FUNERAL OF

James M. Gowan.

Date of Death, September 20, 1907 Color † White Age { 73 Years.
 Name of Deceased, James M. Gowan 90
 Place of death, 44 No. Adams Street, 44 Bond St. Ward No.
 Residence, 3 Canal St. No. Adams Sex, Male, Single, Married,
 Occupation, Laborer Wife of
 Birth-place, Ireland Widow of
 Name of Father, Unknown, His Birth-place, *
 Maiden Name } of Mother, Her Birth-place, *
 Cause of death, } Primary, acute dysentery Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Riley His Residence,
 Place of burial, No. Adams, St. Joseph's Cemetery, Lot or Grave No. Section No. Three
 Funeral Services at St. Francis
 Time of Services, 9:15 A.M.
 Date of Interment, Sept. 26, 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, #1	Candles, None
Size, 5/9 Made by Woolly	Gloves,
Lining, White	Hearse to, St. Joseph's Cemetery
Handles, Nickel	Carriage for,
Plate, None	" "
Outside Box, Pine	" "
Burial robe, Undershirt	Carriages at Funeral,
Preserving Body with, Fridgeid	Death Notices in, Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, City No. Adams
Cemetery Fee,	Bill charged to,

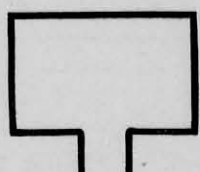
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 109Total to Date 219

FOR THE FUNERAL OF

Date of Death, Sept. 24 1907 Color White Age { 0 Years.
James Kelley Months.
 Name of Deceased, James Kelley Days.
 Place of death, Glens Falls N.Y. Street, Ward No.
 Residence, " Sex, Male Single, Married Married,
 Occupation, " Wife of "
 Birth-place, " Widow of "
 Name of Father, " His Birth-place, * "
 Maiden Name } Her Birth-place, * "
 of Mother, }
 Cause of death, } Primary, Killed by Car. Duration, "
 Cause of death, } Secondary, " Duration, "
 Certifying Physician, " His Residence, "
 Place of burial, N. Adams Hillside Cemetery, Lot or Grave No. Collins lot. Section No. "
 Funeral Services at Glens Falls N.Y.
 Time of Services, 9 A.M.
 Date of Interment, Sept. 26 1907 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

Casket or Coffin Number, <u>solid oak</u>	Candles, <u>"</u>
Size, <u>6/8</u> Made by <u>"</u>	Gloves, <u>"</u>
Lining, <u>"</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>"</u>	Carriage for <u>"</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>"</u>	" " <u>"</u>
Burial robe, <u>"</u>	Carriages at Funeral, <u>8</u>
Preserving Body with <u>"</u>	Death Notices in <u>Times</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>"</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>Mrs James Kelley</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 110

FOR THE FUNERAL OF

Total to Date 220

John T. Barry

Date of Death, Sept. 26 1907 Color † White Age { 54 Years.
Months
Days.

Name of Deceased, John T. Barry 91

Place of death, Mr. Adams Street, Wilson Hotel Ward No.

Residence, Sex, Male Single, Married, Married

Occupation, Hotel Keeper Wife of

Birth-place, Widow of

Name of Father, William Barry His Birth-place, * Ireland.

Maiden Name of Mother, Margaret Buckley Her Birth-place, *

Cause of death, { Primary, Duration,
Secondary, Duration,

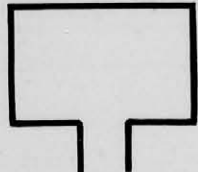
Certifying Physician, Dr. Crofts His Residence, Main St

Place of burial, Mr. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 10 A.M. Sept 28

Date of Interment, Sept 28 1907

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 2040 Sp.	Candles, 6 lbs.
Size, 6/3 Made by National	Gloves, 6 Pr. black.
Lining, White Silk	Hearse to Hillside Cemetery
Handles, Ch. Exton	Carriage for
Plate, Ch.	" "
Outside Box, Maxwell Vault	" "
Burial robe, Black B.C.	Carriages at Funeral, 10.
Preserving Body with Esca.	Death Notices in Herald
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by Mrs. John Barry
Cemetery Fee	Bill charged to " "

Dr.

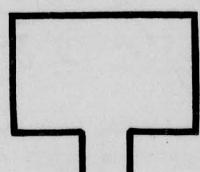
Cr.

RECORD AND BILL OF ITEMS

Yearly No. 111Total to Date 221

FOR THE FUNERAL OF

Nellie Anton

Date of Death, Sept 27 1907 Color White Age { 92 Years.
10 Months.
10 Days.
 Name of Deceased, Nellie Anton
 Place of death, No Adams Street, 51 Willow Hill Ward No.
 Residence, " Sex, female Single, Single Married,
 Occupation, Nurse Wife of
 Birth-place, Utica N.Y. Widow of
 Name of Father, Joseph Anton His Birth-place, * Russia
 Maiden Name of Mother, Julia Katowich Her Birth-place, * "
 Cause of death, { Primary, Stomachic ulcer Duration, 10 days
 Cause of death, { Secondary, Duration,
 Certifying Physician, W. Canady His Residence,
 Place of burial, No Adams St Joseph Cemetery, Lot or Grave No. Section No.
 Funeral Services at Nurs
 Time of Services, "
 Date of Interment, Sept 28 1907 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 5</u>	Candles, <u>2 lbs</u>
Size, <u>2 1/2</u> Made by <u>Feloume</u>	Gloves, <u>Nurs</u>
Lining, <u>White</u>	Hearse to <u> </u> Cemetery <u> </u>
Handles, <u>Leam</u>	Carriage for <u>family</u>
Plate, <u>Wm Harting</u>	" " <u> </u>
Outside Box, <u>Pine</u>	" " <u> </u>
Burial robe, <u>Wm dress</u>	Carriages at Funeral, <u>two</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Wailers</u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Joseph Anton</u>
Cemetery Fee, <u> </u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 112

Total to Date 222

FOR THE FUNERAL OF

James E. Hillard

Date of Death, Oct. 15 1907 Color † White Age { 6 Years. 10 Months. 10 Days.

Name of Deceased, James E. Hillard 93

Place of death, No. Adams Mass. Street, 80 Ashland Ward No.

Residence, Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams, Widow of

Name of Father, Nicholas Hillard His Birth-place, * Stamford Vt.

Maiden Name of Mother, Anna Dougherty Her Birth-place, * Pittsfield

Cause of death, { Primary, Duration,

Cause of death, { Secondary, Duration,

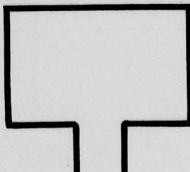
Certifying Physician, Russell, His Residence,

Place of burial, No. Adams, Vt. Cemetery, Lot or Grave No. Section No.

Funeral Services at, None

Time of Services,

Date of Interment, Oct. 16 1907

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 80	Candles, 2 lbs.
Size, 2/3 Made by Florence,	Gloves,
Lining, White	Hearse to Cemetery
Handles, 20 amb.	Carriage for
Plate, Mrs. Darling	" "
Outside Box, Pins	" "
Burial robe, Lion's clothes	Carriages at Funeral, 4
Preserving Body with Absorption	Death Notices in, Mailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Nicholas Hillard
Cemetery Fee,	Bill charged to, "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 113Total to Date 228

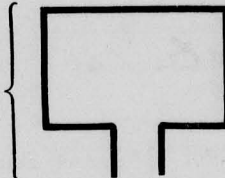
FOR THE FUNERAL OF

John M. Gusk

Date of Death, Oct. 23 1907 Color White Age 41 Years.
94 Months.
94 Days.

Name of Deceased, John M. GuskPlace of death, No. 1 Adams Hospital Street, Ward No.Residence, Supper of St. Adams Sex, Male Single, Single Married,Occupation, Laborer Wife ofBirth-place, St. John's Adam Widow ofName of Father, Peter M. Gusk His Birth-place, Lilana

Maiden Name } of Mother, Her Birth-place, *

Cause of death, } Primary, Broken Back caused Duration, from R.R. Bridge at Brown StCause of death, } Secondary, by accidental fall Duration, 1 dayCertifying Physician, Horace Bushnell His Residence, Union St.Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. Section No. FreeFuneral Services at St. FrancisTime of Services, Oct 25Date of Interment, " " 1907Diagram of }
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#1</u>			Candles, <u>None</u>		
Size, <u>6/0</u> Made by <u>1</u>			Gloves, <u>"</u>		
Lining, <u>White</u>			Hearse to <u>"</u> Cemetery		
Handles, <u>Vickel</u>			Carriage for <u>"</u>		
Plate, <u>None</u>			" " <u>"</u>		
Outside Box, <u>Pine</u>			" " <u>"</u>		
Burial robe, <u>Levon Clothes</u>			Carriages at Funeral		
Preserving Body with <u>alcafarom</u>			Death Notices in <u>Laillias</u>		
Washing and Dressing					
Shaving					
Services					
Use of Chairs			Goods ordered by <u>W. H. Ingraham</u>		
Cemetery Fee			Bill charged to <u>City of No. Adams</u>		

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 114

FOR THE FUNERAL OF

Total to Date 224

Frank Barslow

Date of Death, Oct. 26 1907 Color ^{White} Age { Years. Months. Days.
 Name of Deceased, Frank Barslow 25
 Place of death, No Adams Mass Street, 49 Holden Ward No.
 Residence, Sex, Male Single, Married, Married
 Occupation, None Wife of
 Birth-place, Redford N. J. Widow of
 Name of Father, Frank Barslow His Birth-place, * Can.
 Maiden Name of Mother, Hattie Fournier Her Birth-place, *
 Cause of death, { Primary, Tuberculosis Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Palarady His Residence, Eagle St.
 Place of burial, No Adams, So. View Cemetery, Lot or Grave No. Section No.
 Funeral Services at, Notre Dame
 Time of Services, 9 A. M. Oct. 28 '07
 Date of Interment, Oct. 28 1907 Diagram of Burial Lot. {
 Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 62	Candles, 4 lbs.
Size, 5/9 Made by Florence	Gloves, 6 P. Black
Lining, White	Hearse to, So. View Cemetery
Handles, Sil	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, # 0	Carriages at Funeral, 2 x 3 seater
Preserving Body with, Esco.	Death Notices in, Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Mrs Frank Barslow,
Cemetery Fee,	Bill charged to, "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 115

Total to Date 295

FOR THE FUNERAL OF

Anna Reagan

Date of Death, Oct. 26, 1907 Color † White Age 93 Years.
 Name of Deceased, Anna Reagan 96 Months.
 Place of death, No. 1 Adams Mass Street, Jackson St Ward No. Days.
 Residence, " " Sex, Female Single, Single Married.
 Occupation, " " Wife of
 Birth-place, Berkshire Mass. Widow of
 Name of Father, Charles Reagan His Birth-place, * Ireland
 Maiden Name of Mother, Catherine Larkin Her Birth-place, *
 Cause of death, Primary, Cancer Duration, 3 months
 Cause of death, Secondary, Duration,
 Certifying Physician, Dr. Stafford His Residence, Sumner
 Place of burial, No. 1 Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St. Francis
 Time of Services, 9:30 A.M., Oct. 28, 1907
 Date of Interment, Oct. 29, 1907

Diagram of Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, Manifest	Candles, 8 lbs.
Size, 6/6 Made by Anti-Treat	Gloves, 6 Pk. Grey
Lining, white satin	Hearse to Hillside Cemetery
Handles, French Grey	Carriage for
Plate, "	" "
Outside Box, Chestnut	" "
Burial robe, lawn dress	Carriages at Funeral, 9 & 3 seater
Preserving Body with Esco	Death Notices in Dailies
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by
Cemetery Fee	Bill charged to

DR.

CR.

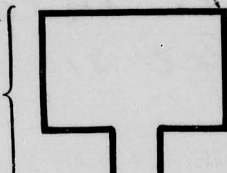
RECORD AND BILL OF ITEMS

Yearly No. 117Total to Date 227

FOR THE FUNERAL OF

George Meaney

Date of Death, Oct. 31 1907 Color White Age { 4 Years.
4 Months.
25 Days.

Name of Deceased, George MeaneyPlace of death, No. Adams Street, 14 Blackington Ward No. 98Residence, " Sex, Male Single, Single Married, "Occupation, None Wife of "Birth-place, No. Adams Widow of "Name of Father, Thomas Meaney His Birth-place, IrelandMaiden Name of Mother, Anna M. Bride Her Birth-place, Dorset Vt.Cause of death, { Primary, Spinal Meningitis Duration, "Cause of death, { Secondary, " Duration, "Certifying Physician, W. F. M. Grath His Residence, Holden St.Place of burial, No. Adams So View Cemetery, Lot or Grave No. " Section No. "Funeral Services at NoneTime of Services, "Date of Interment, Nov. 1 1907 Diagram of Burial Lot. { 

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 3010</u>	Candles, <u>4 lbs.</u>
Size, <u>3/4</u> Made by <u>Milly x</u>	Gloves, <u>6 Pr. boys white</u>
Lining, <u>White</u>	Hearse to <u>So View Cemetery</u>
Handles, <u>Silver</u>	Carriage for <u>"</u>
Plate, <u>"</u>	" <u>"</u>
Outside Box, <u>Pine</u>	" <u>"</u>
Burial robe, <u>Wool Clothes</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>Hydrid</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Thomas Meaney</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 118

Total to Date 228

FOR THE FUNERAL OF

Nora L Roberts.

Date of Death, Nov. 3 1907 Color † White Age { 33 Years.
 Name of Deceased, Nora L Roberts
 Place of death, No Adams Hospital Street, 99 Ward No.
 Residence, Pittsfield Sex, female Single, Married, Divorced
 Occupation, Domestic Wife of
 Birth-place, Leansboro Widow of
 Name of Father, Frederick Roberts. His Birth-place, * Leansboro, Mass.
 Maiden Name of Mother, Mary Ann Shaw. Her Birth-place, * Pittsfield "
 Cause of death, { Primary, Tracheal obstruction Duration, 2 days.
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr Wright His Residence, Main St.
 Place of burial, Pittsfield Mass Cemetery, Lot or Grave No. Section No.
 Funeral Services at Cornishys
 Time of Services, 7 P.M., Nov. 6 '07
 Date of Interment, Nov 7 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 34	Candles, None
Size, 5/9 Made by Felamer	Gloves, "
Lining, White	Hearse to Pittsfield Cemetery
Handles, Sil	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Clean clothes	Carriages at Funeral, None
Preserving Body with, Liqueur	Death Notices in, Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs, none	Goods ordered by, Minnie Whitman
Cemetery Fee, "	Bill charged to, "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 119Total to Date 229

FOR THE FUNERAL OF

Thomas H. Ryan

Date of Death, Nov 6 1907 Color White Age { 52 Years.
Months.
Days.Name of Deceased, Thomas H. RyanPlace of death, No. Adams Hospital Street, 100 Ward No.Residence, No. Adams Frederick St. Sex, Male Single, Married Married, MarriedOccupation, Pipe Fitter Wife ofBirth-place, Troy N. Y. Widow ofName of Father, Thomas Ryan His Birth-place, * IrelandMaiden Name of Mother, Unknown Her Birth-place, *Cause of death, { Primary, Boitre Duration,Cause of death, { Secondary, Apoplexy Duration,Certifying Physician, W. F. M. Smith His Residence, Holden St.Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. Section No.Funeral Services at St. Francis ChurchTime of Services, 9 A.M. Nov 8Date of Interment, Nov 8 1907Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#834 C.</u>	Candles, <u>4 lbs</u>
Size, <u>6/6</u> Made by <u>National</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White Satin</u>	Hearse to <u>St. Joseph's Cemetery</u>
Handles, <u>oak & copper</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>lawn clothes</u>	Carriages at Funeral, <u>Six</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Mrs Thomas Ryan</u>
Cemetery Fee,	Bill charged to <u>"</u>

Dr.

Cr.

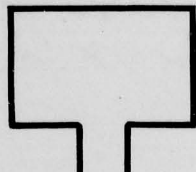
RECORD AND BILL OF ITEMS

Yearly No. 120

FOR THE FUNERAL OF

Total to Date 121

..... Samuel Legrande

Date of Death, Nov. 13 1907 Color ¹⁰¹ White Age { 44 Years.
 Name of Deceased, Samuel Legrande 101
 Place of death, North Adams Street, 153 State St. Ward No.
 Residence, Newark N.J. Sex, Male Single, Single Married,
 Occupation, Laborer Wife of
 Birth-place, Canada Widow of
 Name of Father, David Legrande His Birth-place, * Canada
 Maiden Name of Mother, Mary Legrande Her Birth-place, *
 Cause of death, { Primary, by cutting throat Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, C. J. Brown M.D. His Residence,
 Place of burial, North Adams So. View Cemetery, Lot or Grave No. Section No.
 Funeral Services at, None
 Time of Services,
 Date of Interment, Nov. 14 1907 Diagram of Burial Lot. }  Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 1	Candles, None
Size, 6/6 Made by Florence	Gloves, "
Lining, White	Hearse to, Cemetery
Handles, Nickel	Carriage for, "
Plate, None	" "
Outside Box, Pine	" "
Burial robe, Brown Clothes	Carriages at Funeral, Two
Preserving Body with, Fridgid	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, City of N. Adams
Cemetery Fee,	Bill charged to, "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 21Total to Date 231

FOR THE FUNERAL OF

Catharine O'Brien

Date of Death, Nov. 16 1907 Color White Age { 30 Years.
Months.
Days.

Name of Deceased, Catharine O'Brien

Place of death, No Adams Hospital Street, 102 Ward No. 102

Residence, Lincoln St No Adams Sex, female Single, Married Married, Married

Occupation, Housewife Wife of Patrick O'Brien

Birth-place, Ireland Widow of Patrick O'Brien

Name of Father, William Brady His Birth-place, * Ireland

Maiden Name of Mother, Mary Dowling Her Birth-place, * Ireland

Cause of death, { Primary, injuries & shock Duration, few hours

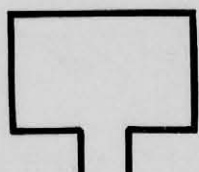
Cause of death, { Secondary, Duration,

Certifying Physician, C. J. Brown His Residence, Church St

Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 10.30 A.M. Nov. 18 '07

Date of Interment, Nov. 18 '07 1907 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>62</u>	Candles, <u>None</u>
Size, <u>5/6</u> Made by <u>Florence</u>	Gloves, <u>"</u>
Lining, <u>white & cream</u>	Hearse to <u>St. Joseph's Cemetery</u>
Handles, <u>Sil</u>	Carriage for <u> </u>
Plate, <u>"</u>	" " <u> </u>
Outside Box, <u>Pine</u>	" " <u> </u>
Burial robe, <u>#0</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>Hardening</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>Compound</u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Mrs Ryan</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

DR.

CR.

RECORD AND BILL OF ITEMS

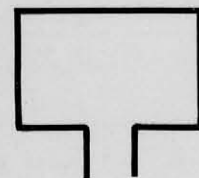
Yearly No. 122

Total to Date 232

FOR THE FUNERAL OF

Alice Stone

Date of Death, Nov. 18 1907 Color † White Age { 98 Years.
 Name of Deceased, Alice Stone
 Place of death, No Adams Hospital Street, 102 Ward No.
 Residence, 472 Union St No Adams, Sex, female Single, Married, Married
 Occupation, Housewife Wife of John Stone
 Birth-place, Adams Mass. Widow of
 Name of Father, Sylvester Sherman His Birth-place, * Adams
 Maiden Name { Unknown Her Birth-place, * Unknown
 of Mother, {
 Cause of death, { Primary, Plural Pneumonia Duration, Several days
 Cause of death, { Secondary, floating rib Duration,
 Certifying Physician, Dr. H. B. Foster His Residence, Union St.
 Place of burial, No Adams So View Cemetery, Lot or Grave No. Section No.
 Funeral Services at Home
 Time of Services, 2 P. M. Nov. 20 '07
 Date of Interment, Nov. 20 1907

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Manifold Special

Casket or Coffin Number,		Candles,	
Size, 6/0	Made by Boston Co.	Gloves, 6 Pr. Grey	
Lining, White Sil		Hearse to So View Cemetery	
Handles, Sil cor. bar,		Carriage for	
Plate,		" "	
Outside Box, Chestnut		" "	
Burial robe, Blue cloth		Carriages at Funeral, 6	
Preserving Body with Liquid		Death Notices in Dailies	
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs,		Goods ordered by John Stone	
Cemetery Fee,		Bill charged to	

Dr.

Cr.

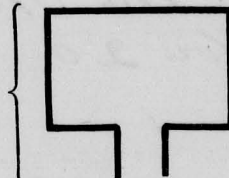
RECORD AND BILL OF ITEMS

Yearly No. 123Total to Date 223

FOR THE FUNERAL OF

Morgan Perkins

Date of Death, Nov 26 1907 Color White Age 42 Years.
 Name of Deceased, Morgan Perkins — Months.
 Place of death, City of Adams Street, 104 Ward No. — Days.
 Residence, — Sex, Male Single, Single Married, —
 Occupation, None Wife of —
 Birth-place, Stephentown N.Y. Widow of —
 Name of Father, Clancy Perkins His Birth-place, * Stephentown N.Y.
 Maiden Name of Mother, Catharine Passenger Her Birth-place, * —
 Cause of death, { Primary, Tuberculosis Duration, —
 Cause of death, { Secondary, cardiac asthma Duration, —
 Certifying Physician, Dr. W. H. McGrath His Residence, Holden
 Place of burial, No. Adams So View Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at Romiskys
 Time of Services, 1:30 P.M. Nov. 27
 Date of Interment, Nov 27 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 62</u>	Candles, <u>None</u>
Size, <u>6/6</u> Made by <u>Florence</u>	Gloves, <u>—</u>
Lining, <u>White</u>	Hearse to, <u>So View Cemetery</u>
Handles, <u>Silver</u>	Carriage for, <u>Family</u>
Plate, <u>—</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u># Brown Cash</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>—</u>	Death Notices in <u>Blair's</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by, <u>Mrs. O'Neil</u>
Cemetery Fee, <u>—</u>	Bill charged to, <u>" "</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 124

FOR THE FUNERAL OF

Total to Date.....224

Mary Hayes

Date of Death, Nov. 28 1907 Color † White Age { 27 Years.
Months
Days.

Name of Deceased, Mary Hayes 105

Place of death, No. Adams Mass Street, 202 Houghton Ward No.

Residence, " " Sex, female Single, Single Married,

Occupation, Waitress Wife of

Birth-place, Ireland Widow of

Name of Father, John Hayes His Birth-place, * Ireland

Maiden Name } of Mother, } Anne Quirk Her Birth-place, *

Cause of death, } Primary, Sclerosis of Pancreas Duration, 6 weeks

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Forster His Residence, Union St.

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 9 A. M.

Date of Interment, Nov. 30 1907 Diagram of)

Put in the Diagram one mark like this for every Grave in it. And mark the Burial with double dagger thus: †

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	# 4000	P.H. Plush Comb.
Size,	5/6	Made by Taylor
Lining,	White	
Handles,	Sil	
Plate,	"	
Outside Box,	Pine	
Burial robe,		
Preserving Body with		
Washing and Dressing,		
Shaving,		
Services,		
Use of Chairs,		
Cemetery Fee,		
Candles,		
Gloves,		
Hearse to		Cemetery
Carriage for		
" "		
" "		
Carriages at Funeral,		
Death Notices in		
Goods ordered by		
Bill charged to		

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 125

Total to Date 225

FOR THE FUNERAL OF

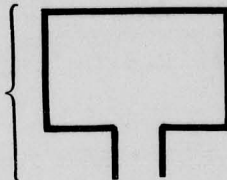
Stella Duprell

Date of Death, Dec. 1 1907 Color White Age 18 Years.
 Name of Deceased, Stella Lupell 106 Months.
 Place of death, No. Adams Street, 219 River St. Ward No.
 Residence, " Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, No. Adams, Mass Widow of
 Name of Father, Joseph Lupell His Birth-place, * Rouses Point N.Y.
 Maiden Name } Phoebe Fournier Her Birth-place, * Kewersville
 of Mother, } Pneumonia
 Cause of death, } Primary, Acute Pulmonary Duration, 5 mo.
 Cause of death, } Secondary, Pulmonary Hemorrhage Duration, 15 minutes
 Certifying Physician, Canedy His Residence,
 Place of burial, No. Adams So. Virgo Cemetery, Lot or Grave No. Section No.
 Funeral Services at Notre Dame
 Time of Services, 9 A.M. Dec. 3 07
 Date of Interment, Dec. 3 1907 Diagram of

Put in the Diagram one mark like this for every Grave in it. And mark the Burial with double dagger thus: †

† State whether *White* or *Black*. * Insert *Town* and *State*.

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus:

Casket or Coffin Number, 1219	Candles, 6 lbs
Size, 37/9	Gloves, 6 Pr grey
Made by, National	Hearse to, So. View Cemetery
Lining, white	Carriage for,
Handles, Sil	" "
Plate, "	" "
Outside Box, Pine	Carriages at Funeral, Three
Burial robe, white Cash.	Death Notices in, Heralds
Preserving Body with, Esco.	
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Joseph D. Dyer
Cemetery Fee,	Bill charged to, "

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No. 126

Total to Date 226

FOR THE FUNERAL OF

Annie Cassidy

Date of Death, *Dec. 4* 190*7* Color *white* Age *1* Years. *5* Months. *0* Days.

Name of Deceased, *Annie Cassidy* *107*

Place of death, *No. Adams* Street, *#11 River St.* Ward No.

Residence, Sex, *female* Single, Married,

Occupation, *None* Wife of

Birth-place, *No. Adams* Widow of

Name of Father, *Michael Cassidy* His Birth-place, * *Manchester, Vt.*

Maiden Name of Mother, *Margaret Suggan* Her Birth-place, * *Ireland.*

Cause of death, Primary, *Pneumonia* Duration, *2 days.*

Cause of death, Secondary, Duration,

Certifying Physician, *C. J. Curran* His Residence, *Eagle*

Place of burial, *No. Adams St. Joseph's* Cemetery, Lot or Grave No. Section No.

Funeral Services at *None*

Time of Services,

Date of Interment, *Dec. 5* 190*7* Diagram of Burial Lot.

Put in the Diagram one mark like this *I* for every Grave in it. And mark *this* Burial with double dagger thus: *†*

Designate site of Monument thus: *□*

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 5</i>			Candles, <i></i>		
Size, <i>2 1/2</i> Made by <i>F. Lounce</i>			Gloves, <i></i>		
Lining, <i>white</i>			Hearse to <i></i> Cemetery <i></i>		
Handles, <i>bar</i>			Carriage for <i></i>		
Plate, <i>Ann Darling</i>			" " <i></i>		
Outside Box, <i>Pine</i>			" " <i></i>		
Burial robe, <i></i>			Carriages at Funeral, <i></i>		
Preserving Body with <i></i>			Death Notices in <i></i>		
Washing and Dressing, <i></i>					
Shaving, <i></i>					
Services, <i></i>					
Use of Chairs, <i></i>			Goods ordered by <i></i>		
Cemetery Fee, <i></i>			Bill charged to <i></i>		

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 128

Total to Date 228

FOR THE FUNERAL OF

Male infant of Catharine Palmer

Date of Death, Dec 5 1907 Color White Age 2 Years. 2 Months. 2 Days.

Name of Deceased, Male infant of Catharine Palmer

Place of death, No Adams 109 Street, 864 State Ward No.

Residence, Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Widow of

Name of Father, Unknown His Birth-place, * Unknown

Maiden Name of Mother, Catharine Palmer Her Birth-place, * Williamstown Mass.

Cause of death, Primary, Premature birth Duration,

Cause of death, Secondary, Duration,

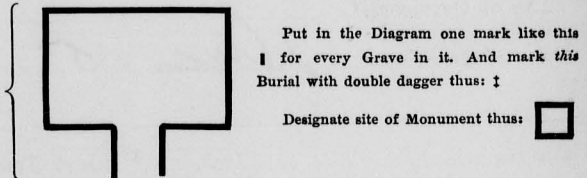
Certifying Physician, Mr. Frouster His Residence,

Place of burial, No Adams So View Cemetery, Lot or Grave No. Section No.

Funeral Services at, None

Time of Services,

Date of Interment, Dec 6 1907 Diagram of Burial Lot.



† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.K. 54	Candles, None
Size, 1/2 Made by Florence	Gloves,
Lining, White	Hearse to Cemetery
Handles, None	Carriage for
Plate,	" "
Outside Box,	" "
Burial robe,	Carriages at Funeral,
Preserving Body with	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs Catharine Palmer
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 129

Total to Date 289

FOR THE FUNERAL OF

Nora Shea.

Date of Death, Dec. 13 1907 Color ^{White} Age { 8 Years.
19 Months.
15 Days.

Name of Deceased, Nora Shea

Place of death, No. Adams Mass. Street, 328 Ashland Ward No. 110

Residence, 328 Ashland Sex, female Single, Single Married,

Occupation, None. Wife of

Birth-place, No. Adams Mass. Widow of

Name of Father, Cornelius Shea His Birth-place, * New York City

Maiden Name of Mother, Margaret Hindley Her Birth-place, * Williamstown Mass.

Cause of death, { Primary, Burns Duration, 2 days.

Cause of death, { Secondary, Duration,

Certifying Physician, Riley His Residence,

Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at Home.

Time of Services,

Date of Interment, Dec. 15 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5	Candles,
Size, 4/3 Made by Florence	Gloves, 4 pair white
Lining, white	Hearse to Hillside Cemetery
Handles, Sil	Carriage for
Plate, Cur Darling	" "
Outside Box, Pine	" "
Burial robe, Cur Clothes	Carriages at Funeral, Eight
Preserving Body with Exco	Death Notices in Waller
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Cornelius Shea
Cemetery Fee,	Bill charged to

DR.

CR.

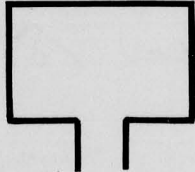
RECORD AND BILL OF ITEMS

Yearly No. 130

Total to Date 240

FOR THE FUNERAL OF

Sarah Nugent.

Date of Death, Dec. 14 1907 Color † White Age { 55 Years.
 Name of Deceased, Sarah Nugent
 Place of death, No. Adams, Street, 57 River St. Ward No.
 Residence, " Sex, female Single, Married, Widowed
 Occupation, None Wife of
 Birth-place, Ireland Widow of Patrick
 Name of Father, Unknown His Birth-place, * Ireland
 Maiden Name } Sarah Lavery Her Birth-place, * "
 of Mother, }
 Cause of death, { Primary Valvular Disease of Heart, 3 mo.
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Palardy His Residence, Eagle
 Place of burial, Victory Mill N.Y. Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St. Francis
 Time of Services, 6 A.M., Dec. 17, 07
 Date of Interment, Dec 17 1907
 Diagram of Burial Lot. }  Put in the Diagram one mark like this
 † State whether White or Black. * Insert Town and State. for every Grave in it. And mark this
 Designate site of Monument thus: ☐

Casket or Coffin Number, 1210	Candles, 8 lbs.
Size, 5/9 Made by National	Gloves, 6 Pr Black
Lining, white	Hearse to Depot Cemetery
Handles, Sil	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Black Cash	Carriages at Funeral, 2
Preserving Body with Esco	Death Notices in Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

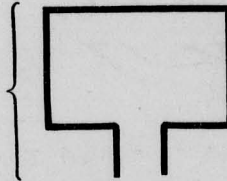
Yearly No. 131Total to Date 241

FOR THE FUNERAL OF

Male infant of Daniel Casey

Date of Death, Dec. 17 1907 Color White Age { 112 Years.
 Name of Deceased, Male infant of Daniel Casey Months.
 Place of death, No. Adams, Street, 74 Marlboro St. Ward No. 112 Days.
 Residence, " Sex, Male Single, Single Married, Single
 Occupation, Nurs. Wife of "
 Birth-place, No. Adams. Widow of "
 Name of Father, Daniel Casey. His Birth-place, * No. Adams.
 Maiden Name of Mother, Johanna Horan. Her Birth-place, * "
 Cause of death, { Primary, " Duration, "
 Cause of death, { Secondary, " Duration, "
 Certifying Physician, C. J. Curran His Residence, Eagle St.
 Place of burial, No. Adams, Hillside Cemetery, Lot or Grave No. " Section No. "
 Funeral Services at Nurs.

Time of Services, "
 Date of Interment, Dec 18 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P.K. Sq.</u>	Candles, <u>Nurs</u>
Size, <u>1/9</u> Made by <u>Woolley</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u>"</u>
Handles, <u>Imitation</u>	Carriage for <u>"</u>
Plate, <u>Nurs</u>	" " <u>"</u>
Outside Box, <u>"</u>	" " <u>"</u>
Burial robe, <u>"</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>"</u>	Death Notices in <u>"</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>James Casey</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>Daniel Casey</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 132

Total to Date 242

FOR THE FUNERAL OF

Kathleen M. Bailey

Date of Death, Dec. 17 1907 Color † White Age { 1 Years.
27 Months.
27 Days.

Name of Deceased, Kathleen M. Bailey

Place of death, No. Adams Street, 22 Lincoln St. Ward No.

Residence, " Sex, female Single, Single Married,

Occupation, None. Wife of

Birth-place, Widow of

Name of Father, John M. Bailey His Birth-place, *

Maiden Name of Mother, Elizabeth Collins Her Birth-place, * Williamstown Mass.

Cause of death, } Primary, Broncho Pneumonia Duration,

Cause of death, } Secondary, Duration,

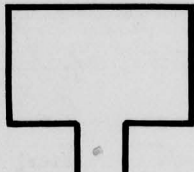
Certifying Physician, Dr. F. L. Stafford His Residence, Sumner St.

Place of burial, No. Adams St. Cemetery, Lot or Grave No. 8 6th Section No.

Funeral Services at, None.

Time of Services, "

Date of Interment, Dec. 18 1907

Diagram of Burial Lot. } 

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5	Candles, 2 lbs
Size, 2/6 Made by Florence	Gloves, None
Lining, White	Hearse to Cemetery
Handles, Silver bar	Carriage for
Plate, " Old stamped	" "
Outside Box, Pine	" "
Burial robe, Warm Clothes	Carriages at Funeral, 2
Preserving Body with Escor	Death Notices in, Daily's
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by John M. Bailey
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 133Total to Date 289

FOR THE FUNERAL OF

Mary Martelle

Date of Death, Dec. 20 1907 Color White Age { 9 Years.
9 Months.
 Days.

Name of Deceased, Mary Martelle

Place of death, No Adams Street, 343 State St Ward No. 114

Residence, No Adams Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Widow of

Name of Father, John Martelle His Birth-place, * Canada

Maiden Name of Mother, Hermine Dugway Her Birth-place, *

Cause of death, { Primary, Pneumonia Duration, 1 day

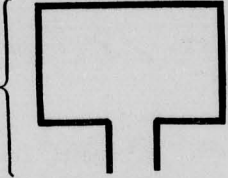
Cause of death, { Secondary, Measles Duration, several days

Certifying Physician, W. A. Brousseau His Residence, Eagle St

Place of burial, No Adams So View Cemetery, Lot or Grave No. 739 Section No. Free

Funeral Services at None

Time of Services,

Date of Interment, Dec 21 1907 Diagram of Burial Lot. { 

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 5</u>	Candles, <u>4 lbs.</u>
Size, <u>2 1/2</u> Made by <u>Felouise</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u>"</u>
Handles, <u>Sil</u>	Carriage for <u>Family</u>
Plate, <u>Our Darling</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Woolen Clothes</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Clarke's</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>John Martelle</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 134

Total to Date 234

FOR THE FUNERAL OF

Anna J. Albornes

Date of Death, Dec 21 1907 Color † white Age { 42 Years.
115 Months
Days.

Name of Deceased, Anna J. Albornes

Place of death, No Adams Mass Street, 33 Lincoln St, Ward No.

Residence, Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, Dorset Vt. Widow of

Name of Father, John Albornes His Birth-place, * Ireland.

Maiden Name of Mother, Mary Kirwin Her Birth-place, *

Cause of death, { Primary, acute pericarditis Duration, 6 days

Cause of death, { Secondary, pulmonary congestion Duration, 3 days

Certifying Physician, C. J. Curran His Residence, Eagle St.

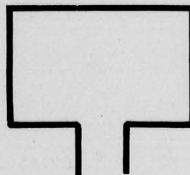
Place of burial, Springfield Mass, St. Michael's Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 7:30 o'clock

Date of Interment, Dec 24 1907

Diagram of Burial Lot. }

Put in the Diagram one mark like this
† for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1219 Purple Plush	Candles, 8 lbs.
Size, 5/9 Made by National	Gloves, 6 Pr Grey
Lining, white	Hearse to Holy Cemetery
Handles, Sil & Gold	Carriage for family at Springfield
Plate, "	" " "
Outside Box, Chestnut	Carriages at Funeral, 7 x 3 seater
Burial robe, white Cash	Death Notices in Dailies
Preserving Body with Esco	
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Belinda Albornes
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 135

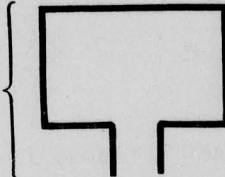
Total to Date 235

FOR THE FUNERAL OF

Mrs. Cavanaugh

Date of Death, Dec 24 1907 Color White Age 36 Years.
 Name of Deceased, Mrs. Cavanaugh 116
 Place of death, No. Adams Street, Bedford St Ward No.
 Residence, " Sex, female Single, Single Married,
 Occupation, Nurs. Wife of
 Birth-place, Florida Mass. Widow of
 Name of Father, Thomas Cavanaugh His Birth-place, * Ireland
 Maiden Name of Mother, Margaret Kihoe Her Birth-place, * "
 Cause of death, { Primary, Pneumonia Duration, 4 days
 Cause of death, { Secondary, Duration,
 Certifying Physician, Crofts His Residence,
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis Church
 Time of Services, 9 A.M.
 Date of Interment, Dec 26 1907

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>743 Sil Grey</u>	Candles, <u>8 lls.</u>
Size, <u>6/3</u> Made by <u>Florence</u>	Gloves, <u>6 Pa Grey</u>
Lining, <u>White silk</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Ud. Sil. Exten.</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Cherstreet</u>	" "
Burial robe, <u>White Cash</u>	Carriages at Funeral, <u>Eight</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Herald</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Thomas Cavanaugh</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

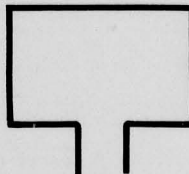
Yearly No. 136

Total to Date 246

FOR THE FUNERAL OF

Patrick Sullivan

Date of Death, Dec. 29 1907 Color † White Age { 72 Years.
 9 Months
 12 Days.
 Name of Deceased, Patrick Sullivan
 Place of death, Bennington Vt., Street, Ward No.
 Residence, " " Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, Ireland Widow of
 Name of Father, His Birth-place, *
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Apoplexy Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Ross His Residence, Bennington Vt.,
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A.M. Dec 31
 Date of Interment, Dec. 31 1907

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, B.B.C.	Candles, 1 1/2 lbs.
Size, 57/9 Made by Unknown	Gloves, 6 Pr black
Lining, white	Hearse to Hillside Cemetery
Handles, Sil	Carriage for
Plate,	" "
Outside Box, Chestnut	" "
Burial robe, Black Cash.	Carriages at Funeral, Six
Preserving Body with	Death Notices in Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Charles Sullivan
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. /

FOR THE FUNERAL OF

Total to Date 247

Date of Death, Jan. 1, 1908, Color † White, Age 54 Years.
 Name of Deceased, William H. Hawley
 Place of death, 150 Adams St., Street, 1545 Union St., Ward No.
 Residence, Greenwich, N.Y., Sex, Male, Single, Single, Married,
 Occupation, Laborer, Wife of
 Birth-place, Greenwich, N.Y., Widow of
 Name of Father, Thomas Hawley, His Birth-place, * Ireland
 Maiden Name of Mother, Catharine Scullion, Her Birth-place, *
 Cause of death, } Primary, Injury, Duration,
 Cause of death, } Secondary, Tuberculosis, Duration,
 Certifying Physician, Dr. H. Hagan, His Residence, Centre St.
 Place of burial, Greenwich, N.Y., Cemetery, Lot or Grave No., Section No.
 Funeral Services at, " " "
 Time of Services, 9:30 A.M.
 Date of Interment, Jan. 3, 1908, Diagram of Burial Lot. }
 Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of Monument thus: □
 † State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 62	Candles, 8 lbs.
Size, 5/4, Made by Florence	Gloves, 6 P. black
Lining, white	Hearse to, 10 spot, Cemetery
Handles, 1/2	Carriage for,
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Black Suede	Carriages at Funeral, 3 & 13 seats
Preserving Body with, Esco	Death Notices in, 1 Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Mrs. John Callahan
Cemetery Fee,	Bill charged to,

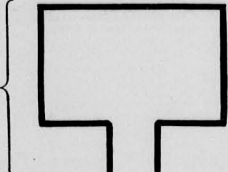
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 2Total to Date 248

FOR THE FUNERAL OF

Date of Death, Jan. 1 1908 Color White Age 62 Years.Name of Deceased, Julia Tatro Months Days.Place of death, No. Adams Street, 271 Beaver, Ward No. Residence, " Sex, female Single, Married, MarriedOccupation, Housewife Wife of Alfred. TatroBirth-place, Canada Widow of Name of Father, Charles Richard His Birth-place, * Can.Maiden Name of Mother, Unknown Her Birth-place, * "Cause of death, } Primary, Acute Pneumonia Duration, 4 daysCause of death, } Secondary, Duration, Certifying Physician, Dr. O. J. Brown His Residence, Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No. Funeral Services at Notre DameTime of Services, 9:45 AMDate of Interment, Jan 4 1908 Diagram of Burial Lot. Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1210Size, 5/9 Made by NationalLining, White SilkHandles, Ux.Plate, "Outside Box, PineBurial robe, Wool dressPreserving Body with EscoWashing and Dressing, Shaving, Services, Use of Chairs, Cemetery Fee, Candles, 8 lbs.Gloves, 6 P. blackHearse to So. View CemeteryCarriage for " " " " Carriages at Funeral, 10Death Notices in DailiesGoods ordered by Miss TatroBill charged to Alfred Tatro

Dr.

Cr.

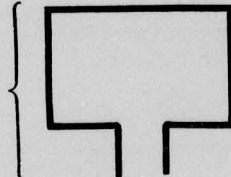
RECORD AND BILL OF ITEMS

Yearly No. 3Total to Date 249

FOR THE FUNERAL OF

Mary Fitzgerald

Date of Death, Jan 3 1908 Color White Age 62 Years.
 Name of Deceased, Mary Fitzgerald Months.
 Place of death, No. Adams Street, 5 High Ward No.
 Residence, " Sex, Female Single, Widowed Married,
 Occupation, Nond Wife of
 Birth-place, Ireland Widow of Michael Fitzgerald
 Name of Father, John Hanley His Birth-place, Ireland
 Maiden Name of Mother, Unknown Her Birth-place,
 Cause of death, Primary, Broncho Pneumonia Duration, Several days
 Cause of death, Secondary, Duration,
 Certifying Physician, C. A. Fagan His Residence,
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A.M. Jan. 4 '08
 Date of Interment, Jan. 4 1908

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>7 lbs.</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>6 P. black</u>
Lining, <u>White</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Ch.</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Black Cashm</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u></u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>John S. Cronin</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to Date 250

Ruth E. O'Brien

Date of Death, Jan 8 1908 Color White Age { 9 Years.
9 Months
 Days.

Name of Deceased, Ruth E. O'Brien

Place of death, No Adams Hospital Street, Ward No.

Residence, 21 Gale St. No Adams Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Widow of

Name of Father, Lemmas O'Brien His Birth-place, * Ireland

Maiden Name of Mother, { Bridget Llanahan Her Birth-place, *

Cause of death, { Primary, Shock after Duration,

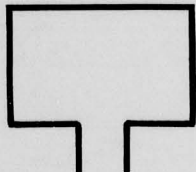
Cause of death, { Secondary, operation Duration,

Certifying Physician, Dr. H. Forester His Residence, Union St.

Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, Jan 9 1908 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

Casket or Coffin Number, <u># 5</u>	Candles, <u>2 lbs</u>
Size, <u>2/6</u> Made by <u>F. Lawrence</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u></u> Cemetery <u></u>
Handles, <u>U.S. Harding</u>	Carriage for <u>Family</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>U.S. Clothes</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u></u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Lemmas O'Brien</u>
Cemetery Fee, <u></u>	Bill charged to <u></u>

DR.

CR.

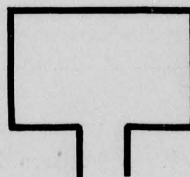
RECORD AND BILL OF ITEMS

Yearly No. 5Total to Date 267

FOR THE FUNERAL OF

Catharine Mullen

Date of Death, Jan. 14 1908 Color White Age 47 Years.
 Name of Deceased, Catharine Mullen Months.
 Place of death, No. Adams Mass. Street, 89 W Main Ward No. Days.
 Residence, " Sex, female Single, Married
 Occupation, Housewife Wife of Patrick Mullen
 Birth-place, Ireland Widow of
 Name of Father, Joseph Craven His Birth-place, * Ireland
 Maiden Name, Catharine Malloy Her Birth-place, *
 Cause of death, } Primary, Pneumonia Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Riley His Residence,
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 4 M Jan. 16
 Date of Interment, Jan. 16 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>sq Shroud B.B. 6</u>	Candles, <u>8 lbs</u>
Size, <u>6/6</u> Made by <u>Marsellis</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>13</u>
Preserving Body with <u>Ecco</u>	Death Notices in <u>Localia</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Patrick Mullen</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to Date 252

Anne Reagan

Date of Death Jan 14 1908 Color White Age 45 Years.

Name of Deceased Anne Reagan.

Place of death No. Adams Hospital Street, Ward No.

Residence No. Adams, Sex female Single, Married, Married

Occupation, Wife of Daniel Reagan,

Birth-place, Ireland, Widow of

Name of Father, Joseph Craven, His Birth-place, * Ireland.

Maiden Name of Mother, Catharine Malloy Her Birth-place, *

Cause of death, Primary, Pneumonia Duration, 4 days

Cause of death, Secondary, Duration,

Certifying Physician, W. H. Mc. Gueth His Residence, Holden

Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 9 A. M. Jan 16

Date of Interment, Jan 16 1908

Diagram of Burial Lot.

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, H. C. B. B. C.

Size, 6/8 Made by Florence

Lining, white

Handles, Sil

Plate, "

Outside Box, Pine

Burial robe, Black Cash,

Preserving Body with Escor

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles, 8 lbs.

Gloves, 6 P.

Hearse to Hillside Cemetery

Carriage for

" "

" "

Carriages at Funeral, 13

Death Notices in Hailies

Goods ordered by Daniel Reagan

Bill charged to 11

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 7

Total to Date 253

FOR THE FUNERAL OF

Michael Gillick

Date of Death, Jan. 18 1908 Color † White Age { 32 Years.
 Name of Deceased, Michael Gillick { Months.
 Place of death, Hoosac Tunnel Mass. { Days.
 Residence, " " Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, Florida Mass. Widow of
 Name of Father, Patrick Gillick His Birth-place, * Ireland
 Maiden Name of Mother, Mary Havers Her Birth-place, *
 Cause of death, { Primary, Pul. Tuberculosis Duration, 1 year
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Hobbie His Residence, * Main
 Place of burial, No Adams. Hillside Tomb Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 10:30 A.M. Jan. 20, 08
 Date of Interment, Jan. 20 1908

Diagram of Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 62	Candles, 12 lbs.
Size, 7/9 Made by Florence	Gloves, None
Lining, white	Hearse to Hillside Cemetery
Handles, Sil	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Black Cash.	Carriages at Funeral, Two
Preserving Body with Eaco	Death Notices in Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Henry Gillick
Cemetery Fee,	Bill charged to

Dr.

Cr.

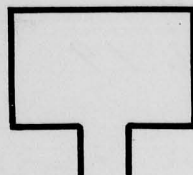
RECORD AND BILL OF ITEMS

Yearly No. 8

FOR THE FUNERAL OF

Total to Date 254

Date of Death, Jan 8. 190 5 Color † White Age { 89 Years.
 Name of Deceased, Rose L. Lote. Months
 Place of death, City Farm, No. Adams. Street, Ward No.
 Residence, " " Sex, female Single, Married, married
 Occupation, None. Wife of Napoleon Lote.
 Birth-place, Canada. Widow of
 Name of Father, Lamas, Walter. His Birth-place, * Canada
 Maiden Name of Mother, Marguerite Rugg. Her Birth-place, *
 Cause of death, { Primary, Pul. Tuberculosis, Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, W. F. Mc. Grath. His Residence,
 Place of burial, No. Adams. So. View Cemetery, Lot or Grave No. Section No. Free
 Funeral Services at, Notre Dame
 Time of Services, 2:30 P.M. Jan. 21 '08
 Date of Interment, " " 190 8

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, #1	Candles, None
Size, 23 Made by G. Lorne	Gloves, :
Lining, white	Hearse to Cemetery
Handles, Nickel	Carriage for
Plate, None	" "
Outside Box, Pine	" "
Burial robe, Lawn Clothes	Carriages at Funeral, "
Preserving Body with Esco	Death Notices in Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by W. & Ingraham
Cemetery Fee,	Bill charged to City of No. Adams

DR.

CR.

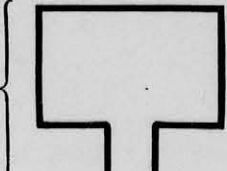
RECORD AND BILL OF ITEMS

Yearly No. 9Total to Date 205

FOR THE FUNERAL OF

Grumette Samuelson

Date of Death, Jan. 18. 1908 Color white Age { 6 Years.
6 Months.
 Days.

Name of Deceased, Grumette SamuelsonPlace of death, No. Adams Street, 14 South Ward No. Residence, " Sex, female Single, Single Married, Occupation, None Wife of Birth-place, No. Adams Widow of Name of Father, Harry Samuelson His Birth-place, RussiaMaiden Name of Mother, Sarah Chis Sugarman Her Birth-place, "Cause of death, Primary, Diphtheria Duration, 5 daysCause of death, Secondary, Duration, Certifying Physician, Quinn His Residence, Place of burial, Jewish Cemetery No. Adams Cemetery, Lot or Grave No. Section No. Funeral Services at NoneTime of Services, "Date of Interment, Jan. 19 1908Diagram of Burial Lot. Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>2/6 Pine box</u>	Candles, <u>None</u>
Size, <u>2/6</u> Made by <u>Flanagan</u>	Gloves, <u>White</u>
Lining, <u>Muslin</u>	Hearse to <u>Jewish</u> Cemetery
Handles, <u>None</u>	Carriage for <u>None</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>"</u>	" " <u>"</u>
Burial robe, <u>None</u>	Carriages at Funeral, <u></u>
Preserving Body with <u>Esses & antiseptic sheet</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Harry Samuelson</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

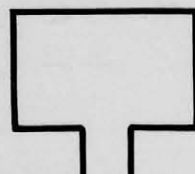
RECORD AND BILL OF ITEMS

Yearly No. 10Total to Date 256

FOR THE FUNERAL OF

May Rose Braulieu

Date of Death, Jan. 19 1905 Color White Age 83 Years.
Months
Days.

Name of Deceased, May Rose BraulieuPlace of death, W. Adams Hospital Street, Ward No.Residence, Wilmington Vt. Sex, female Single, MarriedOccupation, Housewife Wife of Louis L. BraulieuBirth-place, Windsor Canada Widow ofName of Father, Lamas Cote His Birth-place, Can.Maiden Name of Mother, Marquiste Ruggs Her Birth-place, "Cause of death, Primary, Pneumonia Duration, 5 daysCause of death, Secondary, following apoplexy Duration, "Certifying Physician, M. M. Brown His Residence, "Place of burial, Wilmington Vt. Cemetery, Lot or Grave No. " Section No. "Funeral Services at Wilmington Vt.Time of Services, UnknownDate of Interment, " 1905Diagram of
Burial Lot.

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 230Size, 6/6 Made by B. B. Co.Lining, WhiteHandles, Sil.Plate, "Outside Box, PineBurial robe, Black MomiePreserving Body with EsoWashing and Dressing, "Shaving, "Services, "Use of Chairs, "Cemetery Fee, "Candles, NoneGloves, "Hearse to " CemeteryCarriage for "" " "" " "Carriages at Funeral, "Death Notices in DailiesGoods ordered by Louis L. BraulieuBill charged to "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 11Total to Date 267

FOR THE FUNERAL OF

Bridget Kelch

Date of Death, Jan. 19, 1908 Color White Age 43 Years.
 Name of Deceased, Bridget Kelch Months.
 Days.
 Place of death, No. Adams Hospital Street, Ward No.
 Residence, Guylock Sex, female Single, Married, married
 Occupation, Widow Wife of John J. Kelch
 Birth-place, Unknown Widow of
 Name of Father, His Birth-place, * Unknown
 Maiden Name }
 of Mother, } Her Birth-place, *
 Cause of death, } Primary, Tuberc Duration,
 Cause of death, } Secondary, Pneumonia Duration,
 Certifying Physician, W. F. McQuath His Residence,
 Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A. M.
 Date of Interment, Jan 22 1908

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>4 lb.</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>St. Joseph's Cemetery</u>
Handles, <u>Sil</u>	Carriage for <u></u>
Plate, <u></u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Orleans</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>John Duggan</u>
Cemetery Fee, <u></u>	Bill charged to <u>John J. Kelch</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

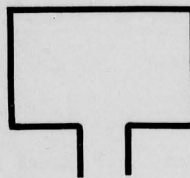
Yearly No. 12

Total to Date 258

FOR THE FUNERAL OF

Patrick [#]Bakey

Date of Death, January 22 1905 Color † white Age { 23 Years.
 Name of Deceased, Patrick Bakey
 Place of death, No Adams, Street, 82 Craig Ward No.
 Residence, " " Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, No Adams Widow of
 Name of Father, John Bakey His Birth-place, * Ireland
 Maiden Name of Mother, Mary Norton Her Birth-place, *
 Cause of death, { Primary, Pneumonia Duration,
 Cause of death, { Secondary Duration,
 Certifying Physician, C. J. Curran His Residence, Eagle St.,
 Place of burial, No Adams St. Josephs Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis.
 Time of Services, Jan. 24 08.
 Date of Interment, Jan. 24 1905 8.

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 83 H. C.	Candles, 6 lbs.
Size, 6/8 Made by National	Gloves, 6 Pr. Grey
Lining, white	Hearse to St. Josephs Cemetery
Handles, copper	Carriage for
Plate,	" "
Outside Box, Pair	" "
Burial robe, Own Clothes	Carriages at Funeral, 8
Preserving Body with Esco,	Death Notices in Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs. O'Brien
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 13Total to Date 209

FOR THE FUNERAL OF

Robert E Condon

Date of Death, January 24 1908 Color White Age 21 Years.
 Name of Deceased, Robert E Condon Months.
 Place of death, No. Adams Street, 8-47 Union Ward No.
 Residence, " Sex, Male Single, Single Married,
 Occupation, Labourer Wife of
 Birth-place, No. Adams Mass. Widow of
 Name of Father, Peter Condon His Birth-place, Ireland
 Maiden Name of Mother, Catherine Carter Her Birth-place, Plattsburg N.Y.
 Cause of death, } Primary, Pul. Tuberculosis Duration, 9 months
 Cause of death, } Secondary, Duration,
 Certifying Physician, Crofts His Residence,
 Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A.M. Jan. 27. 08
 Date of Interment, Jan 1908

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>3163 1/2</u>	Candles, <u>6 lbs</u>
Size, <u>6 1/2</u> Made by <u>Florence</u>	Gloves, <u>6 Pr Grey</u>
Lining, <u>White Silk</u>	Hearse to <u>St. Joseph's Cemetery</u>
Handles, <u>Old Sil</u>	Carriage for <u> </u>
Plate, <u>"</u>	" " <u> </u>
Outside Box, <u>Pine</u>	" " <u> </u>
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>Eso</u>	Death Notices in <u>Wailers</u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Peter Condon</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

Dr.

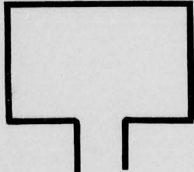
Cr.

RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to Date 260

Date of Death, January 25 1908 Color White Age { 44 Years.
 Name of Deceased, Josephine Duntton Months
 Place of death, No Adams Street, 88 Eagle Ward No.
 Residence, " Sex, female Single, Married, Married
 Occupation, Housewife Wife of Charles Duntton
 Birth-place, Rochester N.Y. Widow of
 Name of Father, Joseph Duntton His Birth-place, * Unknown
 Maiden Name of Mother, Sarah Card Her Birth-place, * No Pownal Vt.
 Cause of death, { Primary, Uterine Cancer Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Kingsley His Residence, Main
 Place of burial, No Pownal Vt. Cemetery, Lot or Grave No. Section No.
 Funeral Services at House
 Time of Services, 1 P.M. Jan. 27 '08
 Date of Interment, Jan 27 1908 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □
 † State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>62</u>	Candles, <u>None</u>
Size, <u>37/6</u> Made by <u>F. L. Lorne</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>No Pownal</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>None</u>	" "
Burial robe, <u>Wool clothes</u>	Carriages at Funeral, <u>Two</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Wailies</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Chas Duntton</u>
Cemetery Fee,	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 18Total to Date 261

FOR THE FUNERAL OF

female infant of Joseph Petrus

Date of Death, Feb 6 1908 Color white Age { Years.
Months.
Days.

Name of Deceased, *female infant of Joseph Petrus*

Place of death, No Adams Hospital Street, Ward No.

Residence, No Adams Sex, female Single, single Married,

Occupation, None Wife of

Birth-place, No Adams Hospital Widow of

Name of Father, Joseph Petrus His Birth-place, * Syria

Maiden Name of Mother, Kitem Joseph Her Birth-place, *

Cause of death, { Primary, Stillborn Duration,

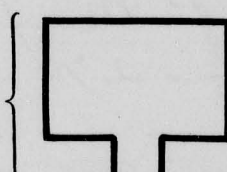
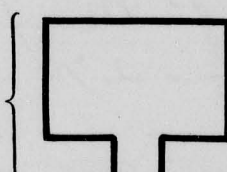
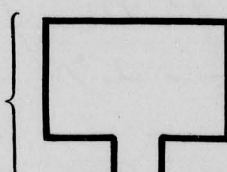
Cause of death, { Secondary, Duration,

Certifying Physician, W. F. McQueth His Residence,

Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at St Francis

Time of Services, 2 P.M. Feb 8 1908

Date of Interment, 190 Diagram of }  Put in the Diagram one mark like this }
 Burial Lot. }  for every Grave in it. And mark this }
 Burial with double dagger thus: † }
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Body placed in casket with mother

Casket or Coffin Number,

Size, Made by,

Lining,

Handles,

Plate,

Outside Box,

Burial robe,

Preserving Body with,

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to,

Cemetery,

Carriage for,

" "

" "

Carriages at Funeral,

Death Notices in,

Goods ordered by,

Bill charged to,

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to Date 262

Kitem Peters

Date of Death, *Feb. 7* 190*5* Color *white* Age { *15* Years.
Months
Days.

Name of Deceased, *Kitem Peters*

Place of death, *No. Adams Hospital* Street, *Ward No.*

Residence, *347 State St. No. Adams* Sex, *female* Single, *Married*

Occupation, *None* Wife of *Joseph Peters*

Birth-place, *Syria* Widow of

Name of Father, *Baba Joseph* His Birth-place, *Syria*

Maiden Name of Mother, *Helia John* Her Birth-place, *"*

Cause of death, { Primary, *convulsions* Duration, *3 days*

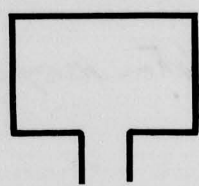
Cause of death, { Secondary, Duration,

Certifying Physician, *W. F. Mc. Grath* His Residence, *Holden*

Place of burial, *St. Joseph's* Cemetery, Lot or Grave No. Section No.

Funeral Services at, *St. Francis*

Time of Services, *Feb. 8:08*

Date of Interment, *Feb. 8* 190*5* Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus:  Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>P.H. Coffin</i>	Candles, <i>4 lbs.</i>
Size, <i>5/9</i> Made by <i>Florence</i>	Gloves, <i>6 Pr. white</i>
Lining, <i>white</i>	Hearse to <i>Hillside Tomb</i> Cemetery
Handles, <i>Nickel</i>	Carriage for
Plate, <i>Sil</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>1059 white</i>	Carriages at Funeral, <i>6</i>
Preserving Body with	Death Notices in <i>Dialies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Romanis</i>
Cemetery Fee,	Bill charged to <i>Joseph Peters</i>

Dr.

Cr.

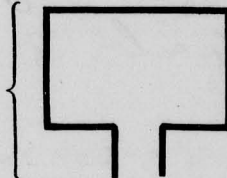
RECORD AND BILL OF ITEMS

Yearly No. 17Total to Date 263

FOR THE FUNERAL OF

Margaret Horigan

Date of Death, Feb 18 1908 Color White Age { Years.
 Months.
 Days.

Name of Deceased, Margaret HoriganPlace of death, Blackburg Street, Ward No. Residence, Sex, Female Single, Married, MarriedOccupation, Housewife Wife of Birth-place, Ireland Widow of Name of Father, James Hickey His Birth-place, * IrelandMaiden Name of Mother, Bridget Ryan Her Birth-place, * Cause of death, { Primary, Vermin Poisoning Duration, Cause of death, { Secondary, Duration, Certifying Physician, Riley His Residence, MainePlace of burial, St. Adam's Hillside Cemetery, Lot or Grave No. Section No. Funeral Services at St. FrancisTime of Services, 10 A M Feb 21 08Date of Interment, Tombs Hillside 1908Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 | for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>3068</u>	Candles, <u>6 lbs</u>
Size, <u>6 1/2 Extra Size</u> Made by <u>Florence</u>	Gloves, <u>6 Pa black</u>
Lining, <u>White</u>	Hearse to <u>Hillside Tomb</u> Cemetery
Handles, <u>Sil Bar</u>	Carriage for <u> </u>
Plate, <u> </u>	" " <u> </u>
Outside Box, <u>Pine</u>	" " <u> </u>
Burial robe, <u>Black Monie</u>	Carriages at Funeral, <u>Green</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Hailie</u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Thomas Horigan</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to Date 264

Loillie Peters

Date of Death, *Feb. 19* 190*8* Color † *White* Age { *1* Year, *1* Months, *1* Days.

Name of Deceased, *Loillie Peters*

Place of death, *Florida Mass.* Street, _____ Ward No. _____

Residence, *No. Adams* Sex, *female* Single, *Single* Married, _____

Occupation, *None* Wife of _____

Birth-place, *Syria* Widow of _____

Name of Father, *Anthony Peters* His Birth-place, * *Syria*

Maiden Name of Mother, } *Esther Blacut* Her Birth-place, * _____

Cause of death, { Primary, *Pneumonia*, Duration, _____

Cause of death, { Secondary, _____ Duration, _____

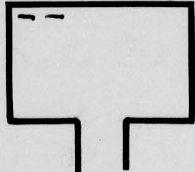
Certifying Physician, *A. J. Brown M. D.* His Residence, _____

Place of burial, *St. Joseph's No. Adams* Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at, *None*

Time of Services, *Feb.*

Date of Interment, *May 8th* 190*8*

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>01 1/2</i>	Candles, <i>None</i>
Size, <i>2 1/2</i> Made by <i>Florence</i>	Gloves, _____
Lining, <i>White</i>	Hearse to _____ Cemetery _____
Handles, <i>Leamb.</i>	Carriage for _____
Plate, _____	" " _____
Outside Box, <i>Pine</i>	" " _____
Burial robe, <i>Wool dress</i>	Carriages at Funeral, _____
Preserving Body with <i>E. sec.</i>	Death Notices in <i>Loillie</i>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <i>Joseph Morin</i>
Cemetery Fee, _____	Bill charged to _____

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 19Total to Date 265

FOR THE FUNERAL OF

Columbia L. Demarco

Date of Death, Feb. 20 1908 Color white Age 3 Years.
5 Months.
5 Days.

Name of Deceased, Columbia L. DemarcoPlace of death, No. Adams Street, 8 Rock St. Ward No. _____Residence, _____ Sex, female Single, Single Married, _____Occupation, None Wife of _____Birth-place, No. Adams Widow of _____Name of Father, Joseph L. Demarco His Birth-place, * ItalyMaiden Name of Mother, Antonette Mondino Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, M. M. Brown His Residence, _____Place of burial, No. Adams Cemetery, Lot or Grave No. _____ Section No. _____Funeral Services at None

Time of Services, _____

Date of Interment, Feb. 21 1908Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P. H. Casket</u>	Candles, <u>4 lbs</u>
Size, <u>3/3</u> Made by <u>Miller Burial</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>1</u> Cemetery _____
Handles, <u>Sil</u>	Carriage for _____
Plate, _____	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Wool Clothes</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Joseph Demarco</u>
Cemetery Fee, _____	Bill charged to <u>" "</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 20

Total to Date 266

FOR THE FUNERAL OF

Grace Evelina O'Well

Date of Death, Feb. 23 1908 Color † White Age { 6 Years.
6 Months
Days.

Name of Deceased, Grace Evelina O'Well

Place of death, No. Adams Hospital Street, Ward No.

Residence, Pownal Vt. Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, Pownal Vt. Widow of

Name of Father, Harmon O'Well His Birth-place, * Pownal Vt.

Maiden Name } Lucy Myers Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

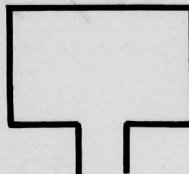
Certifying Physician, M. M. Brown His Residence, Wesleyan

Place of burial, Pownal Vt. Cemetery, Lot or Grave No. Section No.

Funeral Services at Pownal Vt.

Time of Services,

Date of Interment, Feb. 24 1908

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.K. 59	Candles, None
Size, 2 1/2 Made by H. A. L. Co.	Gloves, "
Lining, White	Hearse to Cemetery
Handles, Lamb	Carriage for
Plate, Wm. Harling	" "
Outside Box, Pine	" "
Burial robe, Own Clothes	Carriages at Funeral,
Preserving Body with E. S. Co.	Death Notices in Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Harmon O'Well
Cemetery Fee,	Bill charged to " " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 21Total to Date 267

FOR THE FUNERAL OF

Phorbe Giroux

Date of Death, May 9, 1908 Color White Age { 68 Years.
Months.
Days.

Name of Deceased, Phorbe Giroux

Place of death, City Farm, Street, _____ Ward No. _____

Residence, " ", Sex, _____ Single, _____ Married, _____

Occupation, None Wife of _____

Birth-place, Winooski Vt Widow of Andrew Giroux

Name of Father, Unknown His Birth-place, * _____

Maiden Name } _____
 of Mother, } _____

Cause of death, { Primary, Gangrene Duration, _____

Cause of death, { Secondary, Senility Duration, _____

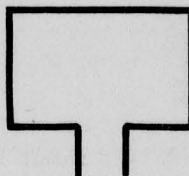
Certifying Physician, M. C. Smith His Residence, _____

Place of burial, So View Cemetery, Lot or Grave No. _____ Section No. Five

Funeral Services at Notre Dame

Time of Services, 2.30 P.M. May, 10 '08

Date of Interment, May 10, 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#</u>	Candles, <u>None</u>
Size, <u>5/8</u> Made by <u>Flower</u>	Gloves, _____
Lining, <u>White</u>	Hearse to _____ Cemetery _____
Handles, <u>Nickel</u>	Carriage for _____
Plate, <u>None</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Wool Dress</u>	Carriages at Funeral, _____
Preserving Body with <u>Frigid</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>City of No Adams</u>
Cemetery Fee, _____	Bill charged to _____

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 22

Total to Date 268

FOR THE FUNERAL OF

Harry Gibbon

Date of Death, March 19 1908 Color † White Age { 20 Years.
Months
Days.

Name of Deceased, Harry Gibbon

Place of death, No. Adams Street, Ballou St. Ward No.

Residence, Sex, Male Single, Single Married,

Occupation, Laborer. Wife of

Birth-place, No. Adams Mass. Widow of

Name of Father, John Gibbon His Birth-place, * Ireland.

Maiden Name of Mother, Mary Kerran Her Birth-place, *

Cause of death, Primary, Tuberculosis Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Mr. M. F. De G. Grace His Residence,

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 9 A. M. Mar. 21

Date of Interment, Mar. 21 1908

Diagram of
Burial Lot.

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, B.B.C. Co.	Candles, 2 lbs.
Size, 6 Made by B.B.C. Co.	Gloves, 6 P.
Lining, White	Hearse to So. View Cemetery
Handles, Sil.	Carriage for
Plate,	" "
Outside Box, Pine	" "
Burial robe, Turn Clothes	Carriages at Funeral, 2
Preserving Body with E. sco.	Death Notices in Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Patrick Gibbon
Cemetery Fee, 3.00	Bill charged to

DR.

CR.

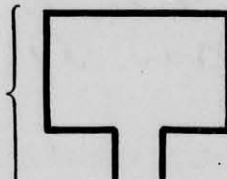
RECORD AND BILL OF ITEMS

Yearly No. 23Total to Date 269

FOR THE FUNERAL OF

Sarah E Collins

Date of Death, March 26 1908 Color White Age 30 Years. — Months. — Days.

Name of Deceased, Sarah E CollinsPlace of death, No. Adams Hospital Street, — Ward No. —Residence, 22 Lincoln St. Sex, female Single, Single Married, —Occupation, School Teacher Wife of —Birth-place, No. Adams Widow of —Name of Father, John Collins His Birth-place, * No. AdamsMaiden Name of Mother, Catharine M. Ewell Her Birth-place, * IrelandCause of death, } Primary, Pneumonia Duration, five daysCause of death, } Secondary, — Duration, —Certifying Physician, John Forester His Residence, Union St.Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. — Section No. —Funeral Services at St. FrancisTime of Services, —Date of Interment, — 190—Diagram of
Burial Lot. }

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>3160 1/2</u>	Candles, <u>6 lbs.</u>
Size, <u>5/9</u> Made by <u>F. Lawrence</u>	Gloves, <u>6 Pr grey</u>
Lining, <u>White</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u>—</u>
Plate, <u>—</u>	" " <u>—</u>
Outside Box, <u>Chestnut</u>	" " <u>—</u>
Burial robe, <u>Wool dress</u>	Carriages at Funeral, <u>five</u>
Preserving Body with <u>Esko</u>	Death Notices in <u>Waile's</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Mrs John Collins</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 24Total to Date 270

FOR THE FUNERAL OF

Frances Bachenski

Date of Death, Mar 31 1908 Color White Age 64 Years.
 Name of Deceased, Frances Bachenski Months
 Place of death, No. Adams Street, #2 Canal Ward No.
 Residence, " " Sex, female Single, Married,
 Occupation, None Wife of John B Bachenski
 Birth-place, Prussia Widow of
 Name of Father, Joseph Gurski His Birth-place, * Prussia
 Maiden Name of Mother, Mary Magur Her Birth-place, *
 Cause of death, } Primary, Pneumonia Duration, 1 week
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr Brasseur His Residence, Eagle St.
 Place of burial, No. Adams, St Josephs Cemetery, Lot or Grave No. Section No. Single
 Funeral Services at St Francis
 Time of Services, 9 A m. Apr. 2'08
 Date of Interment, Apr 8 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>11</u>	Candles, <u>4 lbs</u>
Size, <u>5 1/2</u> Made by <u>Filomena</u>	Gloves, <u>6 Pa Black</u>
Lining, <u>White</u>	Hearse to <u>St Josephs Cemetery</u>
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Wool Dress</u>	Carriages at Funeral, <u>13</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Clarion</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>John Bachenski</u>
Cemetery Fee,	Bill charged to <u>"</u>

DR.

CR.

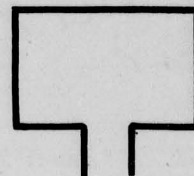
RECORD AND BILL OF ITEMS

Yearly No. 25Total to Date 271

FOR THE FUNERAL OF

Freddie Astorino

Date of Death, April 7 1908 Color White Age { 4 Years.
4 Months.
4 Days.
 Name of Deceased, Freddie Astorino
 Place of death, No. Adams Street, 17 Ryans Lane Ward No.
 Residence, " Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, No. Adams Widow of
 Name of Father, Sybilus Astorino His Birth-place, * Italy
 Maiden Name of Mother, Emma Gigliotti Her Birth-place, * "
 Cause of death, { Primary, Pneumonia Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, W. J. Brown His Residence, Church St.
 Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.
 Funeral Services at None
 Time of Services,
 Date of Interment, April 8 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>013</u>	Candles, <u>2 lbs</u>
Size, <u>2 1/3</u> Made by <u>F. L. Brown</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u></u> Cemetery <u></u>
Handles, <u>Leam</u>	Carriage for <u>Family</u>
Plate, <u>West Park</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, <u></u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Sybilus Astorino</u>
Cemetery Fee, <u></u>	Bill charged to <u>Sybilus Astorino</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 26

Total to Date 272

FOR THE FUNERAL OF

Gertrude Moran

Date of Death, *April 16* 190*8* Color *White* Age *11* Years. *11* Months. *11* Days.

Name of Deceased, *Gertrude Moran*

Place of death, *No. Adams* Street, *328 State* Ward No. *11*

Residence, *328 State St.* Sex, *female* Single, *Single* Married, *Single*

Occupation, *None* Wife of *None*

Birth-place, *Syria* Widow of *None*

Name of Father, *Barroll Moran* His Birth-place, *Syria*

Maiden Name of Mother, *Mary Shuman* Her Birth-place, *Syria*

Cause of death, *Primary, acute pharyngitis* Duration, *11* Days

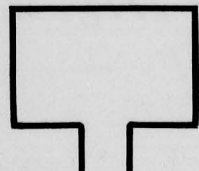
Cause of death, *Secondary* Duration, *11* Days

Certifying Physician, *H. D. Stafford* His Residence, *None*

Place of burial, *No. Adams St. Joseph's* Cemetery, Lot or Grave No. *72 Single* Section No. *11*

Funeral Services at *St. Francis*

Time of Services, *2 P. M. April 17 '08*

Date of Interment, *Apr 17* 190*8* Diagram of Burial Lot. 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>P. H. Coffin</i>	Candles, <i>4 lbs</i>
Size, <i>5 1/2</i> Made by <i>Flanagan</i>	Gloves, <i>4 pair</i>
Lining, <i>White</i>	Hearse to <i>White</i> Cemetery
Handles, <i>Sil</i>	Carriage for
Plate, <i>Sil</i>	" "
Outside Box, <i>None</i>	" "
Burial robe, <i>Wool dress</i>	Carriages at Funeral, <i>4</i>
Preserving Body with <i>Esco</i>	Death Notices in <i>Dailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Barroll Moran</i>
Cemetery Fee, <i>8, Dallas paid to 1 Office front of church</i>	Bill charged to <i>"</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 27Total to Date 273

FOR THE FUNERAL OF

Daniel BuckleyDate of Death, April 19 1908 Color White Age 28 Years. Months. Days.Name of Deceased, Daniel BuckleyPlace of death, No. Adams, Street No. 3 Furnace Ward No.Residence, " Sex, Male Single, Married, MarriedOccupation, Seaboard Wife ofBirth-place, Adams Mass. Widow ofName of Father, John Buckley His Birth-place, * Pittsfield MassMaiden Name of Mother, Mary Cummings Her Birth-place, * IrelandCause of death, } Primary Laryngitis Duration, 2 yrs

Cause of death, } Secondary, Duration,

Certifying Physician, C. J. Curran His Residence, Eagle St.Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. Section No.Funeral Services at St. FrancisTime of Services, 9 A. M. April 21 08Date of Interment, Apr. 21 1908Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 11 Int Oak</u>	Candles, <u>6 lbs.</u>
Size, <u>6/0</u> Made by <u>National</u>	Gloves, <u>6 P. Grey</u>
Lining, <u>White</u>	Hearse to <u>St. Joseph's</u> Cemetery
Handles, <u>Oak & Copper</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Black Bk.</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Boilers</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Mrs. Daniel Buckley</u>
Cemetery Fee,	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

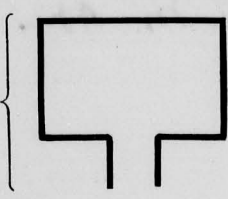
Yearly No. 28

Total to Date 274

FOR THE FUNERAL OF

Ignace Rustenholtz

Date of Death, *April 21* 190*8* Color *White* Age *77* Years. *7* Months. Days.

Name of Deceased, *Ignace Rustenholtz*Place of death, *No. Adams Mass.* Street, *57 Union* Ward No. Residence, *"* Sex, *Male* Single, Married, *Married*Occupation, *Fireman* Wife of Birth-place, *France* Widow of Name of Father, *Andren Rustenholtz* His Birth-place, * *France*Maiden Name of Mother, *Elizabeth Schneider* Her Birth-place, * *"*Cause of death, Primary, *Senility* Duration, Cause of death, Secondary, Duration, Certifying Physician, *C. J. Curran* His Residence, *Eagle St.*Place of burial, *No. Adams Hillside* Cemetery, Lot or Grave No. Section No. Funeral Services at *St. Francis*Time of Services, *Apr. 23 '08 9 A M.*Date of Interment, *Apr. 23* 190*8*Diagram of Burial Lot. 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>9010</i>	Candles, <i>6 lbs.</i>
Size, <i>6/6</i> Made by <i>National</i>	Gloves, <i>6 Pr. black</i>
Lining, <i>White</i>	Hearse to <i>Hillside</i> Cemetery
Handles, <i>Uld Sil Epton</i>	Carriage for <i></i>
Plate, <i>"</i>	" " <i></i>
Outside Box, <i>Christmast</i>	" " <i></i>
Burial robe, <i>Black Cash.</i>	Carriages at Funeral, <i>5</i>
Preserving Body with <i>Eser</i>	Death Notices in <i>Hailers</i>
Washing and Dressing, <i></i>	
Shaving, <i></i>	
Services, <i></i>	
Use of Chairs, <i></i>	Goods ordered by <i>Mrs. Nora Rustenholtz</i>
Cemetery Fee, <i></i>	Bill charged to <i>"</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 29Total to Date 275

FOR THE FUNERAL OF

Gerald R. Coons

Date of Death, April 22 1908 Color White Age { 12 Years.
12 Months.
12 Days.
 Name of Deceased, Gerald R. Coons
 Place of death, No. Adams Street, 21 Frederick St. Ward No.
 Residence, Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, No. Adams Widow of
 Name of Father, Theron L. Coons His Birth-place, * Grafton N. H.
 Maiden Name of Mother, Mabel Estes Her Birth-place, * No. Adams Mass.
 Cause of death, { Primary, Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. W. F. McGrath His Residence, Holden
 Place of burial, No. Adams So View Cemetery, Lot or Grave No. Section No. Three
 Funeral Services at House
 Time of Services, 2 P. M. Apr. 23, '08
 Date of Interment, April 23 1908

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P.H. 29</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>Woolley</u>	Gloves, <u></u>
Lining, <u>White</u>	Hearse to <u></u> Cemetery <u></u>
Handles, <u>Leam</u>	Carriage for <u></u>
Plate, <u>U.S. Blanking</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>U.S. Dress</u>	Carriages at Funeral, <u></u>
Preserving Body with <u>Fridgid</u>	Death Notices in <u>1 Ladies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>City No. Adams</u>
Cemetery Fee, <u></u>	Bill charged to <u></u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 30

Total to Date 276

FOR THE FUNERAL OF

Albernia Chennette

Date of Death, Apr. 29 1908 Color † White Age { 36 Years.
 — Months
 — Days

Name of Deceased, Albernia Chennette

Place of death, Clarksburg Street, Buggsville Ward No.

Residence, Sex, Single, Married,

Occupation, None Wife of Jerry Chennette,

Birth-place, Canada Widow of

Name of Father, Jerry Disleppes His Birth-place, * Canada,

Maiden Name of Mother, Her Birth-place, *

Cause of death, { Primary, Organic Heart Disease Duration, 1 year.

Cause of death, { Secondary, Duration,

Certifying Physician, Homer Bushnell, His Residence,

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at Notre Dame

Time of Services,

Date of Interment, 190 Diagram of Burial Lot. {

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this
 | for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

Casket or Coffin Number,		Candles,	
Size, Made by		Gloves,	
Lining,		Hearse to Cemetery	
Handles,		Carriage for	
Plate,		" "	
Outside Box,		" "	
Burial robe,		Carriages at Funeral,	
Preserving Body with		Death Notices in	
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs,		Goods ordered by	
Cemetery Fee,		Bill charged to	

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 3/Total to Date 277

FOR THE FUNERAL OF

Maria Toarmina

Date of Death, May 2 1908. Color White Age { 25 Years.
Months.
Days.

Name of Deceased, Maria Toarmina

Place of death, No. Adams Hospital Street, Ward No.

Residence, 57 Furnace St. Sex, Male Single, Married, Married

Occupation, None Wife of Frank Toarmina

Birth-place, Italy Widow of "

Name of Father, Nicholas Sugar His Birth-place, * Italy

Maiden Name of Mother, Rosalie Wedder Her Birth-place, * "

Cause of death, { Primary, Rheumatic Endocarditis Duration, "

Cause of death, { Secondary, Nephritis Duration, 30 days

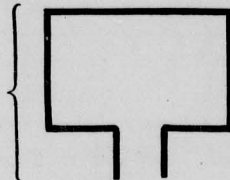
Certifying Physician, C. J. Curran His Residence, "

Place of burial, No. Adams St. View Cemetery, Lot or Grave No. " Section No. "

Funeral Services at St. Anthony Padua

Time of Services, 10:30 A.M. May 4 '08

Date of Interment, May 4 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 1</u>	Candles, <u>6 white</u>
Size, <u>40</u> Made by <u>H. Toarmina</u>	Gloves, <u>4 pair white</u>
Lining, <u>White</u>	Hearse to <u>St. Joseph's Cemetery</u>
Handles, <u>Box Copper</u>	Carriage for <u>"</u>
Plate, <u>None</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>Formidine</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Mr. Frank Toarmina</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 32

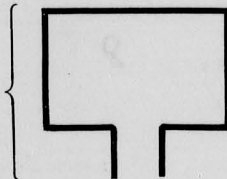
FOR THE FUNERAL OF

Total to Date

278

Mary A Horan

Date of Death, *May 3* 190 *8* Color *White* Age { *30* Years.
 Name of Deceased, *Mary A Horan* Months
 Place of death, *Gardner Mass.* Street, *Ward No.*
 Residence, *No. Adams, Mass.* Sex, *female* Single, *Single* Married,
 Occupation, *None* Wife of
 Birth-place, *Troy N.Y.* Widow of
 Name of Father, *Michael Horan* His Birth-place, * *Ireland*
 Maiden Name } *Mary M. Gush* Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, *Pulmonary Tuberculosis* Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, *Dr. Thompson* His Residence, *Gardner*
 Place of burial, *No. Adams Hillside* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *St. Francis*
 Time of Services, *9 A.M. May 5 '08*
 Date of Interment, *May 5* 190 *8*

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>1218 R 25</i>	Candles, <i>4 lbs.</i>
Size, <i>5/4</i> Made by <i>National</i>	Gloves, <i>la. Pr Grey</i>
Lining, <i>White Silk</i>	Hearse to, <i>Hillside</i> Cemetery
Handles, <i>Sil. Cov.</i>	Carriage for
Plate, <i>"</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Grand Satin</i>	Carriages at Funeral, <i>3</i>
Preserving Body with <i>Frigid</i>	Death Notices in <i>Dailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Mrs. Michael Horan</i>
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 33

Total to Date 278

FOR THE FUNERAL OF

Male infant of Frank Graney

Date of Death, May 7 1908 Color † White Age { Years. Months. Days.

Name of Deceased, Unnamed.

Place of death, 88 Prospect St. No. Adams, Street, Ward No.

Residence, " " " Sex, Male Single, Married,

Occupation, None, Wife of

Birth-place, No. Adams, Widow of

Name of Father, Frank Graney His Birth-place, * Watbury Ct.

Maiden Name of Mother, Lucy Benjamin Her Birth-place, * Beachville Ia.

Cause of death, Primary, Still born Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr. A. Brousseau His Residence, Co. Union & Eagle St.

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at None.

Time of Services,

Date of Interment, May 8 1908

Diagram of Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.H. Coffin	Candles, None
Size, 2 1/2 Made by Florence	Gloves,
Lining, White	Hearse to, Cemetery
Handles, None	Carriage for,
Plate, "	" "
Outside Box, "	" "
Burial robe, Own Clothes	Carriages at Funeral,
Preserving Body with,	Death Notices in,
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Frank Graney
Cemetery Fee,	Bill charged to, " "

DR.

CR.

RECORD AND BILL OF ITEMS

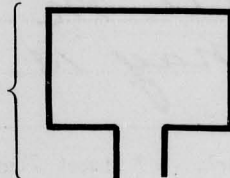
Yearly No. 34

FOR THE FUNERAL OF

Total to Date 280

Hugh Kelley

Date of Death, *May 9* 190 *8* Color *White* Age { *51* Years.
 Name of Deceased, *Hugh Kelley* Months
 Place of death, *No. Adams* Street, *51 Spring* Ward No.
 Residence, " Sex, *Male* Single, Married, *Married*
 Occupation, *Labourer* Wife of
 Birth-place, *Ghent N. I.* Widow of
 Name of Father, *James Kelley* His Birth-place, * *Ireland*
 Maiden Name of Mother, { *Sarah Boyle* Her Birth-place, *
 Cause of death, { Primary, *Endocarditis* Duration, *63 days*
 Cause of death, { Secondary, *Congestion of lung & Anemia* Duration, *50 days*
 Certifying Physician, *W. F. M. Grath* His Residence, *Holden*
 Place of burial, *No. Adams St Joseph's* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *St. Francis*
 Time of Services, *May 11 9 A. M.*
 Date of Interment, " " 190 *8*

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>#11 Lent Oak</i>	Candles, <i>6 lbs.</i>
Size, <i>6/6</i> Made by <i>National</i>	Gloves, <i>6 P. Black</i>
Lining, <i>White</i>	Hearse to <i>St Joseph's Cemetery</i>
Handles, <i>Christian Bronze</i>	Carriage for
Plate, " "	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Black Cash</i>	Carriages at Funeral, <i>6</i>
Preserving Body with <i>Esco</i>	Death Notices in <i>Dailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Mrs Hugh Kelley</i>
Cemetery Fee,	Bill charged to " " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 35

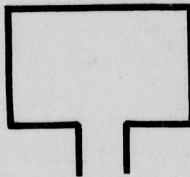
Total to Date 188

FOR THE FUNERAL OF

Laura Gardner

Date of Death, May 11 1908 Color † White Age { 39 Years.
 Name of Deceased, Laura Gardner
 Place of death, No Adams Street, Clark Block Summer St Ward No.
 Residence, " " Sex, female Single, Married, Widowed
 Occupation, Shoemaker Wife of
 Birth-place, Champlain N.Y. Widow of William Gardner
 Name of Father, Frank Carona His Birth-place, * Champlain N.Y.
 Maiden Name, Eliza Drorney Her Birth-place, *
 Cause of death, { Primary, Pul. Tuberculosis Duration, 4 mo.
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. F. M. G. H. His Residence, Holden St
 Place of burial, No Adams St View Cemetery, Lot or Grave No. Section No.
 Funeral Services at, Notre Dame
 Time of Services, 9 A.M. May 13
 Date of Interment, May 13 1908

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 41	Candles, 6 lbs.
Size, 5/6 Made by Florence	Gloves, 6 P. White
Lining, White	Hearse to So. View Cemetery
Handles, White Satin	Carriage for
Plate, Sil	" "
Outside Box, Pine	" "
Burial robe, White Cash	Carriages at Funeral, 5
Preserving Body with Esco	Death Notices in Daily
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by Mrs Eastman
Cemetery Fee	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 86

Total to Date 282

FOR THE FUNERAL OF

Female Infant of Edward Martelle

Date of Death, May 14 1908 Color † White Age { Years.
Months.
Days.

Name of Deceased, Female Infant of Edward Martelle

Place of death, Stamford Vt. Street, Ward No.

Residence, Sex, female Single, Married,

Occupation, None. Wife of

Birth-place, Stamford Vt. Widow of

Name of Father, Edward Martelle His Birth-place, * Manchester N.H.

Maiden Name of Mother, Rose Bissonette Her Birth-place, * Canada.

Cause of death, Primary, Stillborn Duration,

Cause of death, Secondary, Duration,

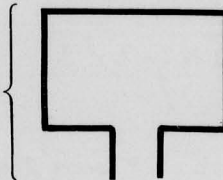
Certifying Physician, Dr. Nichols His Residence, Stamford Vt.

Place of burial, No. Adams St. Vt. Cemetery, Lot or Grave No. 698 Section No. Free

Funeral Services at, None

Time of Services,

Date of Interment, May 15 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.H. Sq.

Size, 2 1/2 Made by Woolley

Lining, White

Handles, Scantle

Plate, None

Outside Box,

Burial robe, Union Cloth

Preserving Body with

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles, None

Gloves,

Hearse to, Cemetery

Carriage for,

" "

" "

Carriages at Funeral,

Death Notices in

Goods ordered by, Edward Martelle

Bill charged to,

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 37

Total to Date 283

FOR THE FUNERAL OF

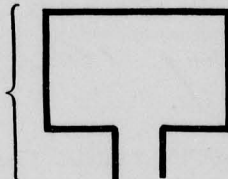
Infant of Cornelius Shea

Date of Death, May 14 1908 Color White Age { Years. Months. Days.
Name of Deceased, Infant of Cornelius Shea
Place of death, No. Adams Street, Ashland St. Ward No.
Residence, Sex, Single, Married,
Occupation, None Wife of
Birth-place, No. Adams Widow of
Name of Father, Cornelius Shea His Birth-place, * New York City
Maiden Name of Mother, Margaret Hindley Her Birth-place, * Williamstown Mass
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, Dr. Riley His Residence, Main St.
Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
Funeral Services at St. Francis

Time of Services,

Date of Interment, May 18 1908

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Body buried with mother,
Casket or Coffin Number,

Size, Made by

Lining,

Handles,

Plate,

Outside Box,

Burial robe,

Preserving Body with

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to Cemetery

Carriage for

" "

" "

Carriages at Funeral,

Death Notices in

Goods ordered by Cornelius Shea

Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

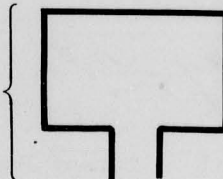
Yearly No. 38

FOR THE FUNERAL OF

Total to Date 284

Margaret Shea.

Date of Death, May 16 1908 Color † White Age { 43 Years.
 Name of Deceased, Margaret Shea, Months
 Place of death, No. Adams. Street, 328 Ashland. Ward No. Days.
 Residence, " Sex, female Single, Married, married
 Occupation, None. Wife of Cornelius Shea.
 Birth-place, Williamstown Mass. Widow of
 Name of Father, George & Hendley His Birth-place, * England.
 Maiden Name of Mother, Margaret Quin Her Birth-place, * Ireland.
 Cause of death, { Primary, Albumenuria Duration, 10 days.
 Cause of death, { Secondary, Nephritis Duration, 5 "
 Certifying Physician, Riley His Residence,
 Place of burial, No. Adams, Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A.M. May 18 '08
 Date of Interment, May 18 1908

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, #160 National
 Size, 6/0 Made by National
 Lining, White
 Handles, 14
 Plate, "
 Outside Box, Pine
 Burial robe, Black & White Silk
 Preserving Body with, Esco
 Washing and Dressing,
 Shaving,
 Services,
 Use of Chairs,
 Cemetery Fee,

Candles, 6 lbs.
 Gloves, 6 P. Black
 Hearse to Hillside Cemetery
 Carriage for
 " "
 " "
 Carriages at Funeral, 12
 Death Notices in, Daily
 Goods ordered by Mary Shea
 Bill charged to Cornelius Shea

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to Date 286

Date of Death, May 17 1905 Color † White Age { Years.
 Name of Deceased, Charles Edgar Wolfe { Months
 Place of death, No Adams, Street, 57 W Main Ward No. 14 Days.
 Residence, " " Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, No Adams Widow of
 Name of Father, Charles E Wolfe His Birth-place, *
 Maiden Name } of Mother, } Luquette Her Birth-place, * Cheshire
 Cause of death, } Primary, Pneumonia Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, L W Crofts His Residence, W Main
 Place of burial, No Adams St Joseph Cemetery, Lot or Grave No. Section No. Single
 Funeral Services at None
 Time of Services,
 Date of Interment, May 19 1905

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P 459	Candles, 4 lbs
Size, 2 1/2 Made by White	Gloves, None
Lining, White	Hearse to, Cemetery
Handles, Lamb	Carriage for,
Plate, None	" "
Outside Box, Pine	" "
Burial robe, Own Clothes	Carriages at Funeral, One
Preserving Body with, Esco	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Charles E Wolfe
Cemetery Fee,	Bill charged to,

DR.

CR.

FOR THE FUNERAL OF

Total to Date: 287

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....	1210	Candles,.....	1 lb.
Size,.....	3 7/8	Gloves,.....	4 pair black
Lining,.....	White	Hearse to.....	So Union Cemetery
Handles,.....	Sil.	Carriage for.....	
Plate,.....	"	" "	
Outside Box,.....	Pine	" "	
Burial robe,.....	Over dress	Carriages at Funeral,.....	5
Preserving Body with.....		Death Notices in.....	Wailies
Washing and Dressing,.....			
Shaving,.....			
Services,.....			
Use of Chairs,.....		Goods ordered by.....	Mrs John Francis
Cemetery Fee,.....		Bill charged to.....	" " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to Date 288

Michael Perkins

Date of Death June 20 - 1908

Color † White Age { 68 Years.
— Months
— Days.

Name of Deceased Michael Perkins

Place of death 270 3rd Ave

Street, Upper Tray

Ward No.

Residence, Clarkburg Mass

Sex, Male

Single,

Married, married

Occupation, Farmer

Wife of —

Birth-place, Ireland

Widow of —

Name of Father, John Perkins

His Birth-place, * Ireland

Maiden Name of Mother, Unknown

Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Septic Pneumonia Duration,

Certifying Physician,

His Residence, Tray Mass

Place of burial, North Adams Mass

Hillside

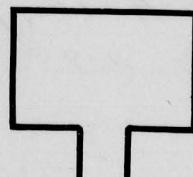
Cemetery, Lot or Grave No.

Section No.

Funeral Services at St Francis of Adams

Time of Services, 9 A M, June 23, '08.

Date of Interment, June 28, 1908

Diagram of
Burial Lot. }Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 79 Solid Oak

Size, 6/8 Made by National

Lining, White

Handles, Old Oil, Extension

Plate, " "

Outside Box, Chestnut

Burial robe, Black Cashmere

Preserving Body with Alcaform

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles, 4 lbs

Gloves, 6 Pr Black

Hearse to Hillside Cemetery

Carriage for

" "

" "

Carriages at Funeral, 5 or 3 seater

Death Notices in Herald

Goods ordered by Perkins family

Bill charged to Michael Perkins Est.

DR.

CR.

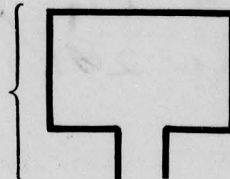
RECORD AND BILL OF ITEMS

Yearly No. 43Total to Date 289

FOR THE FUNERAL OF

Kate A Curran

Date of Death, June 26 1908 Color White Age 48 Years.
 Name of Deceased, Kate A Curran Months.
 Days.
 Place of death, No. Adams Street, 63 Eagle St Ward No.
 Residence, " " Sex, female Single, Married, Married.
 Occupation, None Wife of Mr Charles J Curran
 Birth-place, Williamstown Widow of
 Name of Father, Patrick Lally His Birth-place, * Ireland.
 Maiden Name } of Mother, } Her Birth-place, *
 Cause of death, } Primary, Cancer of Uterus Duration, 14 months
 Cause of death, } Secondary, Duration,
 Certifying Physician, C. J. Curran His Residence, Eagle St.
 Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis
 Time of Services, 9.15 A M June 28 '08
 Date of Interment, June 29 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>742 Sil G. B. Co.</u>	Candles, <u>8 lbs.</u>
Size, <u>6/6</u> Made by <u>National</u>	Gloves, <u>6 P. Grey</u>
Lining, <u>White</u>	Hearse to, <u>St Joseph's, Cemetery</u>
Handles, <u>Old Sil Extension</u>	Carriage for,
Plate, <u>Old Sil</u>	" "
Outside Box, <u>Chestnut</u>	" "
Burial robe, <u>Churn Dress</u>	Carriages at Funeral, <u>12</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Waikiki</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Mr. C. J. Curran</u>
Cemetery Fee,	Bill charged to,

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to Date 290

female infant of Albert Rowett.

Date of Death, July 1 1908 Color White Age { Years.
 Months
 Days.

Name of Deceased, *female infant of Albert Rowett.*

Place of death, No. Adams, Street, 134 Meadow, Ward No.

Residence, Sex, female Single, single Married,

Occupation, None Wife of

Birth-place, No. Adams, Widow of

Name of Father, Albert Rowett His Birth-place, * England

Maiden Name of Mother, Ethel Gard Her Birth-place, *

Cause of death, { Primary, Stillborn Duration,

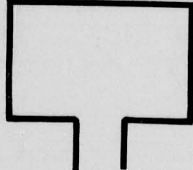
Cause of death, { Secondary, Duration,

Certifying Physician, Dr. A. Brosseau His Residence,

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No. Five

Funeral Services at None

Time of Services,

Date of Interment, July 2 1908 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P.H. 59</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>Woolley</u>	Gloves, <u> </u>
Lining, <u>White</u>	Hearse to <u> </u> Cemetery <u> </u>
Handles, <u>None</u>	Carriage for <u> </u>
Plate, <u> </u>	" " <u> </u>
Outside Box, <u> </u>	" " <u> </u>
Burial robe, <u> </u>	Carriages at Funeral, <u> </u>
Preserving Body with <u> </u>	Death Notices in <u> </u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Albert Rowett</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to Date 291

Margaret A. Kealon

Date of Death, July 5 1908 Color White Age { 46 Years.
Months.
Days.

Name of Deceased, Margaret KealonPlace of death, No. Adams Hospital

Street,

Ward No.

Residence, No. Adams Mass.Sex, female

Single,

Married, marriedOccupation, Nurse

Wife of

Thomas KealonBirth-place, No. Adams

Widow of

Name of Father, John L. Kealon

His Birth-place, *

IrelandMaiden Name
of MotherEllen Kealon

Her Birth-place, *

Cause of death, {

Primary,

Nephritis

Duration,

Cause of death, {

Secondary,

MarriageConvulsions

Duration,

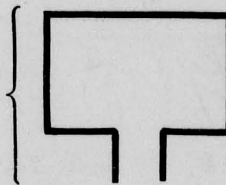
10 hrs.Certifying Physician, Dr. H. F. M. Gath

His Residence,

HoldenPlace of burial, No. Hoosick Falls N.Y.

Cemetery, Lot or Grave No.

Section No.

Funeral Services at St. Francis ChurchTime of Services, 8:30 A.M. July 7Date of Interment, July 7 1908Diagram of
Burial Lot. }

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1770Size, 6/0 Made by NationalLining, White SatinHandles, By ExtensionPlate, ByOutside Box, Marcell steel VaultBurial robe, Black CashPreserving Body with Esco

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles, 8 lbsGloves, 6 pr blackHearse to Depot Cemetery

Carriage for,

" "

" "

Carriages at Funeral, SixDeath Notices in WaileisGoods ordered by Thomas Kealon

Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to Date 292

Date of Death, July 5, 1908 Color White Age { 40 Years.
 Name of Deceased, John J. Flaherty, Months
 Days.

Place of death, No. Adams Mass Street, 17 Fuller St Ward No.

Residence, Sex, Male Single, Single Married,

Occupation, Cigar maker, Wife of

Birth-place, Stamford Ct Widow of

Name of Father, Dennis Flaherty, His Birth-place, *

Maiden Name of Mother, Susan Kiley, Her Birth-place, *

Cause of death, Primary, Valvular Disease of heart, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, H. Crafts, His Residence,

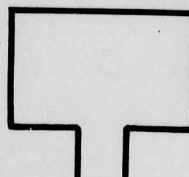
Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 8:30 A.M.

Date of Interment, July 6, 1908

Diagram of
Burial Lot.



Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1043 Florence	Candles, 10 lbs
Size, 6/3 Made by Florence	Gloves, 6 Pk Grey
Lining, White Silk	Hearse to Hillside Cemetery
Handles, Old Silver	Carriage for
Plate, "	" "
Outside Box, Chestnut	" "
Burial robe, Blue Cloth	Carriages at Funeral, 8
Preserving Body with Esco	Death Notices in Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Daniel Flaherty
Cemetery Fee,	Bill charged to "

DR.

CR.

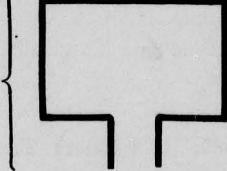
RECORD AND BILL OF ITEMS

Yearly No. 47Total to Date 293

FOR THE FUNERAL OF

Mary Brown

Date of Death, July 6 1908 Color Black Age 46 Years. Months. Days.

Name of Deceased, Mary BrownPlace of death, No. Adams Street, 163 State St Ward No.Residence, " Sex, female Single, " Married, "Occupation, Domestic Wife of "Birth-place, Greensboro, No. Carolina Widow of "Name of Father, Unknown His Birth-place, * UnknownMaiden Name } of Mother, " Her Birth-place, * "Cause of death, } Primary, Pul. Tuberculosis Duration, 1 yearCause of death, } Secondary, " Duration, "Certifying Physician, J. R. Hobbs His Residence, E. MainPlace of burial, No. Adams Cemetery, Lot or Grave No. Section No. FreeFuneral Services at Comisky's ChapelTime of Services, 2.30 P.M. July 7Date of Interment, July 7 1908Diagram of Burial Lot. } 

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#1 Coffin</u>	Candles, <u>None</u>
Size, <u>5/9</u> Made by <u>F. Louren</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u>"</u>
Handles, <u>Cy & Copper</u>	Carriage for <u>"</u>
Plate, <u>None</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Wool Clothes</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>Red Magic</u>	Death Notices in <u>Whaling</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Board of Health</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 49Total to Date 295

FOR THE FUNERAL OF

Thomas KehosDate of Death, July 13 1908 Color White Age 68 Years. Months. Days.Name of Deceased, Thomas KehosPlace of death, Fitchburg Mass Street, Ward No.Residence, " Sex, Male Single, Single Married, SingleOccupation, Unknown Wife of "Birth-place, Ireland Widow of "Name of Father, Unknown His Birth-place, *Maiden Name of Mother, " Her Birth-place, *Cause of death, Primary, Tuberculosis Duration, "Cause of death, Secondary, " Duration, "Certifying Physician, Fitchburg La. His Residence, "Place of burial, St. Adam's Hillside Cemetery, Lot or Grave No. " Section No. "Funeral Services at FitchburgTime of Services, "Date of Interment, July 15 1908 Diagram of Burial Lot. Diagram # 2† State whether White or Black. * Insert Town and State.Casket or Coffin Number, 62 Crape.Size, 6/8 Made by W. LawrenceLining, "Handles, "Plate, "Outside Box, PineBurial robe, "Preserving Body with "Washing and Dressing, "Shaving, "Services, "Use of Chairs, "Cemetery Fee, 8.00Candles, NoneGloves, "Hearse to best Cemetery "Carriage for "" " "" " "Carriages at Funeral, 4Death Notices in Mail"""Goods ordered by William KehosBill charged to "

Dr.

Cr.

RECORD AND BILL OF ITEMS

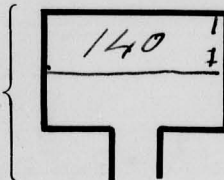
Yearly No. 50

FOR THE FUNERAL OF

Total to Date 296

Charles Joseph Tray
 Date of Death, July 29 1908 Color † White Age { Years.
 Name of Deceased, Charles J. Tray { Months
 Place of death, 11 Temple St Street, North Adams Ward No. { Days
 Residence, " " Sex, male Single, Single Married,
 Occupation, none Wife of —
 Birth-place, North Adams Widow of —
 Name of Father, Charles Tray His Birth-place, * Scotland
 Maiden Name of Mother, Alice Weeks Her Birth-place, * North Adams
 Cause of death, { Primary, gastro Enteritis Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Russell His Residence, River St
 Place of burial, South View Cemetery, Lot or Grave No. 7 Section No. 140
 Funeral Services at Prayers at grave
 Time of Services, 9:30
 Date of Interment, July 30 1908

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 8004	Candles, 5
Size, 2/0 Made by W. H. T.	Gloves,
Lining, fine chipman lace	Hearse to Cemetery
Handles, OD	Carriage for
Plate, nickel	" "
Outside Box, Pine	" "
Burial robe, arm dress	Carriages at Funeral, one
Preserving Body with fluid	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by
Cemetery Fee, 1.50	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 51Total to Date 297

FOR THE FUNERAL OF

William A. Harcross

Date of Death July 21 1908 Color White Age 57 Years. Months. Days.Name of Deceased, William A. HarcrossPlace of death, Clarkburg Street, back road Ward No. _____Residence, _____ Sex, male Single, _____ Married, MarriedOccupation, Farmer Wife of JuliaBirth-place, Shirleyfield Widow of _____Name of Father, William A. Harcross His Birth-place, * Worcester MassMaiden Name of Mother, Harriet Avery Her Birth-place, * Bloomfield MassCause of death, } Primary, Asthma Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Nichols His Residence, Danforth CtPlace of burial, St. Francis Cemetery, Lot or Grave No. _____ Section No. CentreFuneral Services at St. Francis

Time of Services, _____

Date of Interment, _____ 190 _____

Diagram of Burial Lot. }

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 11 Int. Oak.</u>	Candles, <u>8 lbs.</u>		
Size, <u>6/0</u> Made by <u>National</u>	Gloves, <u>6. Pr. black</u>		
Lining, <u>White</u>	Hearse to _____ Cemetery		
Handles, <u>Old. Sil</u>	Carriage for _____		
Plate, _____	" " _____		
Outside Box, <u>Pine</u>	" " _____		
Burial robe, <u>Black Cash</u>	Carriages at Funeral, _____		
Preserving Body with <u>Eseo</u>	Death Notices in _____		
Washing and Dressing, _____			
Shaving, _____			
Services, _____			
Use of Chairs, _____	Goods ordered by _____		
Cemetery Fee, _____	Bill charged to _____		

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to Date 298

Male Infant Thomas Henchy

Date of Death, Aug 2 1908 Color † White Age { Years. Months. Days.

Name of Deceased, Male infant of Mr & Mrs Henchy

Place of death, No. Adams Hospital Street, Ward No.

Residence, 365 E. Main St. Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Hospital Widow of

Name of Father, Thomas Henchy His Birth-place, * Valatia N.Y.

Maiden Name of Mother, { Elvira Dixon Her Birth-place, * Ridgford N.Y.

Cause of death, { Primary, Stillborn Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, H. A. Bushnell His Residence, Union St.

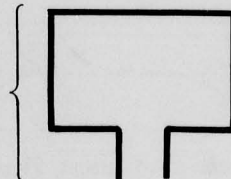
Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, Aug 3 1908

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.H. 54	Candles, None
Size, 2 1/2 Made by Holly	Gloves, "
Lining, White	Hearse to Cemetery
Handles, None	Carriage for
Plate, "	" "
Outside Box, "	" "
Burial robe, Brown Clothes	Carriages at Funeral,
Preserving Body with	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Thomas Henchy
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 53

Total to Date.....299

FOR THE FUNERAL OF

Mary E. Murphy

Date of Death, August 2 1908 Color White Age { 36 Years.
7 Months.
4 Days.

Name of Deceased, Mary E. Murphy. 4 Days.

Place of death, Northampton Mass Street, Asylum Ward No. 2

Residence, No. Adams Mass. Sex, female Single, 8 Married, Married

Occupation, None Wife of Daniel Murphy

Birth-place.....Widow of.....

Name of Father, Marvin His Birth-place, Ireland

Maiden Name } Her Birth-place, *

Cause of death. } Primary, General Paralysis. Duration,

Cause of death. } Primary,
Cause of death. } Secondary, Duration,

Certifying Physician, Northampton Physician His Residence,

Place of burial No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

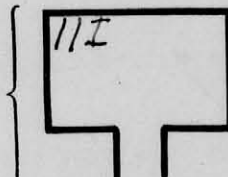
Time of Services 2.....

Time of Services,
Date of Interment August 6 1908 Diagram of 2

Date of Interment, Jan 1900 Diagram of Burial Lot.  Burial with double dagger thus:  Designate site of Monument thus: 

† State whether *White* or *Black*. * Insert *Town* and *State*.

Diagram of Burial Lot.



Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: ††

Designate site of Monument thus:

Casket or Coffin Number, <i>3163 1/2 Sil. Gray</i>	Candles, <i>6 lbs.</i>
--	------------------------

Size, 5 1/2 Made by Florence Gloves, 6 Pr grey

Lining. White Hearse to Hillsdale Cemetery

Handles Nickel Steel Carriage for.....

Plate Silver " "

Outside Box. *Chetnut*

Burial robe, Own Clothes Carriages at Funeral, 0-1

Burial robe,
Preserving Body with Esco
Death Notices in Harles

Preserving Body with.....					
Washing and Dressing.....					

Washing and Dressing.....					
Shaving.....					

Shaving.....					
Services.....					

[illegible]

Use of Chairs,						
Cemetery Fee						
Bill charged to..... <i>l.</i> <i>11</i>						

Cemetery Fee, Cr.

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to Date 300

Martin J. Kennedy, Jr.

Date of Death, Aug. 10 1908 Color White Age { 10 Years. 17 Months. 17 Days.

Name of Deceased, Martin J. Kennedy

Place of death, No. Adams Street, 23 Nelson Ward No. _____

Residence, " " Sex, Male Single, Single Married, _____

Occupation, None Wife of _____

Birth-place, No Adams Widow of _____

Name of Father, Martin Kennedy His Birth-place, * Birmingham Lt.

Maiden Name of Mother, { Catharine Andrews Her Birth-place, * Ireland

Cause of death, { Primary, _____ Duration, _____

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, Dr. A. J. Brown His Residence, Church St.

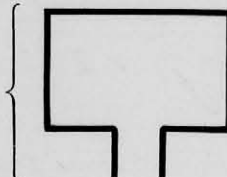
Place of burial, No. Adams Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at Home Prayer

Time of Services, 8:30 A.M.

Date of Interment, Aug. 11 1908

Diagram of Burial Lot.



Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Plain</u> <u>Blk</u> <u>Walnut</u>	Candles, <u>1 lb.</u>
Size, <u>9/8</u> Made by _____	Gloves, <u>None</u>
Lining, _____	Hearse to _____ Cemetery _____
Handles, <u>bar silver</u>	Carriage for _____
Plate, <u>Lot</u>	" " _____
Outside Box, <u>none</u>	" " _____
Burial robe, <u>white</u> <u>satin</u> <u>flour</u>	Carriages at Funeral, <u>1</u>
Preserving Body with <u>absorption</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Martin Kennedy</u>
Cemetery Fee, _____	Bill charged to _____

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 55

Total to Date 301

FOR THE FUNERAL OF

Edwin H. Steward

Date of Death, August 10 1908

Color † White Age { 8 Years.
7 Months.
26 Days.

Name of Deceased, Edwin H. Steward

Place of death, No. Adams

Street, 226 Eagle

Ward No.

Residence, " "

Sex, Male Single, Single Married,

Occupation, None

Wife of

Birth-place, No. Adams

Widow of

Name of Father, Edwin Steward

His Birth-place, *

No. Adams,

Maiden Name of Mother, Mary A. M. Connell

Her Birth-place, *

Pownal Vt.

Cause of death, Primary,

Duration,

Cause of death, Secondary,

Duration,

Certifying Physician,

His Residence,

Place of burial, No. Adams St. Joseph's

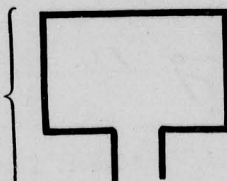
Cemetery, Lot or Grave No.

Section No.

Funeral Services at

Time of Services,

Date of Interment, Aug. 12 1908

Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.H. casket

Size, 3/6 Made by Woolley

Lining, White

Handles, Sil. bar

Plate,

Outside Box, Pine

Burial robe,

Preserving Body with Esco

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to

Cemetery

Carriage for

" "

" "

Carriages at Funeral,

Death Notices in

Goods ordered by

Bill charged to

Edwin Steward

DR.

CR.

RECORD AND BILL OF ITEMS

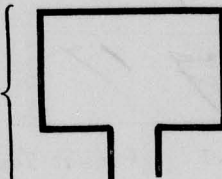
Yearly No. 57

Total to Date 303

FOR THE FUNERAL OF

Mary Ann Moore

Date of Death, Aug 15, 1908 Color [†] White Age { 31 Years.
 Name of Deceased, Mary Ann Moore
 Place of death, Newark N.J. Street, 67 Union St Ward No.
 Residence, " " Sex, female Single, Single Married,
 Occupation, Weaver Wife of
 Birth-place, U.S. Widow of
 Name of Father, William Moore His Birth-place, * Ireland
 Maiden Name { Ann Her Birth-place, * "
 Cause of death, { Primary, Pul. Tuberculosis Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Thomas M. Galt His Residence, Newark N.J.,
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis.
 Time of Services, 9 A. M.
 Date of Interment, Aug 18, 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, Best oak like # 11	Candles, 6 P. Black
Size, 5/9 Made by Unknown	Gloves, 6 P. Black
Lining, White Satin	Hearse to Hillside Cemetery
Handles, Sil	Carriage for
Plate, "Pina"	" "
Outside Box, Black Cash	" "
Burial robe, Black Cash	Carriages at Funeral, 4
Preserving Body with	Death Notices in, 20 Miles
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs Patrick Moore
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 58

FOR THE FUNERAL OF

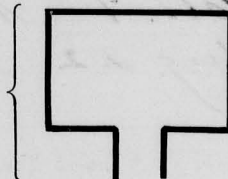
Total to Date 304

Infant Bond

Date of Death, Aug 18 1908 Color † White Age { Years. Months. Days.
 Name of Deceased, Infant of Mr & Mrs S. J. Bond.
 Place of death, No. Adams. Street, 29 Bracemell Ave. Ward No.
 Residence, " Sex, Male Single, Single Married,
 Occupation, Wife of
 Birth-place, No. Adams Widow of
 Name of Father, Samuel Bond His Birth-place, * England.
 Maiden Name of Mother, Elizabeth Mediere Her Birth-place, * New York City
 Cause of death, { Primary, Premature Birth Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Rosa Fletcher His Residence, Summer St
 Place of burial, No. Adams So. View Cemetery, Lot or Grave No. 767 Section No. free
 Funeral Services at None

Time of Services,
 Date of Interment, Aug 19 1908

Diagram of
 Burial Lot. }



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. H. sq.	Candles, None
Size, 1/9 Made by Woolley	Gloves, "
Lining, White	Hearse to, " Cemetery
Handles, None	Carriage for, "
Plate, "	" " "
Outside Box, "	" " "
Burial robe, "	Carriages at Funeral, 2
Preserving Body with	Death Notices in, 1
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Samuel Bond
Cemetery Fee,	Bill charged to, " "

DR.

CR.

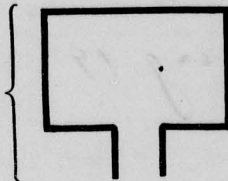
RECORD AND BILL OF ITEMS

Yearly No. 59Total to Date 305

FOR THE FUNERAL OF

Eliza Scanlon

Date of Death, Aug 20 1908 Color White Age 76 Years.
 Name of Deceased, Eliza Scanlon Months.
 Place of death, Chatham Mass Street, Ward No. Days.
 Residence, " Sex, female Single, Widowed Married,
 Occupation, None Wife of
 Birth-place, Ireland Widow of
 Name of Father, Unknown His Birth-place, *
 Maiden Name of Mother, " Her Birth-place, *
 Cause of death, } Primary, " Duration,
 Cause of death, } Secondary, " Duration,
 Certifying Physician, Shelburne Falls His Residence,
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 10:30 A.M. Aug 22 '08
 Date of Interment, Aug 22 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>12.10</u>	Candles, <u>3</u>
Size, <u>7/9</u> Made by <u>Nat</u>	Gloves, <u>3</u>
Lining, <u>Green</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>3</u>	Carriage for <u>3</u>
Plate, <u>3</u>	" " <u>3</u>
Outside Box, <u>3</u>	" " <u>3</u>
Burial robe, <u>3</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>3</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>3</u>	
Shaving, <u>3</u>	
Services, <u>3</u>	
Use of Chairs, <u>3</u>	Goods ordered by <u>W. J. Johnson</u>
Cemetery Fee, <u>3</u>	Bill charged to <u>Shelburne Falls</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to Date 306

Gerald Francis Xiguera

Date of Death, Aug 25 1908 Color † White Age { 1 Years, 14 Months, 14 Days.

Name of Deceased, Gerald Francis Xiguera

Place of death, No. Adams Street, 161 Houghton St. Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams. Widow of

Name of Father, John Xiguera

Maiden Name of Mother, Mary Casey His Birth-place, St. John's N. H.

Cause of death, Primary, Marasmus

Cause of death, Secondary, Duration,

Certifying Physician, Dr. Canedy His Residence, 8 Main

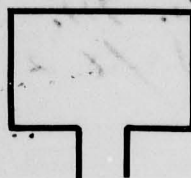
Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. 51 Section No. Single

Funeral Services at, None

Time of Services,

Date of Interment, Aug 25 1908

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 54

Size, 2 1/2 Made by National

Lining, White

Handles, Leam

Plate, Rev. Darling

Outside Box, Pine

Burial robe,

Preserving Body with

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to Cemetery

Carriage for

" "

" "

Carriages at Funeral,

Death Notices in Daily

Goods ordered by John Xiguera

Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 61Total to Date 307

FOR THE FUNERAL OF

Margaret Shanahan

Date of Death, Aug 31 1908 Color White Age 58 Years.
 Name of Deceased, Margaret Shanahan
 Place of death, No. Adams Hospital Street, Ward No.
 Residence, 55 River St. No. Adams Sex, female Single, Married
 Occupation, Housewife Wife of James Shanahan
 Birth-place, Hartford, Ct. Widow of James Shanahan
 Name of Father, John Shanahan His Birth-place, Ireland
 Maiden Name, Margaret Conway Her Birth-place, Ireland
 Cause of death, Primary, Accidental Burns Duration, 4 hrs.
 Cause of death, Secondary Duration, 4 hrs.
 Certifying Physician, Dr. O. J. Brown His Residence, Church St
 Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. Lot #25 Section No. E Half #25
 Funeral Services at St. Francis Grave # 2
 Time of Services, 9 A. M. Sept. 2 '08
 Date of Interment, Sept. 2 1908

Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>62</u>	Candles, <u>6 lbs.</u>
Size, <u>5/9</u> Made by <u>Florence</u>	Gloves, <u>6 P. black</u>
Lining, <u>White</u>	Hearse to <u>St. Joseph's</u> Cemetery
Handles, <u>Sil.</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Black Mornie</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Mail</u>
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by <u>Mrs. Hunter & Mrs. Shanahan</u>
Cemetery Fee	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to Date 308

Frank L. Rand.

Date of Death, Sept. 3, 1908 Color White Age 60 Years.

Name of Deceased, Frank L. Rand.

Place of death, Randolph, Mass.

Street,

Ward No.

Residence,

Sex, Male

Single,

Married, Married

Occupation,

Wife of

Birth-place,

Widow of

Name of Father,

His Birth-place, *

Maiden Name }
of Mother, }

Her Birth-place, *

Cause of death, } Primary, Cerebral Hemorrhage.

Duration,

Cause of death, } Secondary,

Duration,

Certifying Physician,

His Residence,

Place of burial,

Cemetery, Lot or Grave No.

Section No.

Funeral Services at

Time of Services,

Date of Interment,

1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number,

Size,

Made by

Lining,

Handles,

Plate,

Outside Box,

Burial robe,

Preserving Body with

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to

Cemetery

Carriage for

" "

" "

Carriages at Funeral,

Death Notices in

Goods ordered by

Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 63

Total to Date.....309.....

FOR THE FUNERAL OF

Mary Casey,

Date of Death, *Sept. 7* 190*8* Color *White* Age *90* Years.
Months.
Days.

Name of Deceased, Mary Casey

Place of death, Budg Port Clinic, Street, Ward No.

Residence, 11 Sex, female Single, Married Widowed

Occupation, None Wife of

Birth-place, Ireland. Widow of Thomas Casey.

Name of Father, Unknown His Birth-place, *

Maiden Name } _____ Her Birth-place, * _____
of Mother, } _____

Cause of death, } Primary, Shock / Duration,

Cause of death, } Secondary, Uddager Duration,

Certifying Physician, Bridgeport Physician His Residence,

Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at.....*Bridgeport*.....

Time of Services,..... 9 A.M. Sept. 9.....

Date of Interment, Sept 9 1908 Diagram of) 

Diagram of } 

Put in the Diagram one mark like this for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size, 5/8 Made by National Gloves, _____

Lining, White Hearse to Cemetery

Handles.....

Carriage for.....

Plate.....

Outside Box Chestnut " "

Carriages at Funeral,.....*\$ 3 seater*

Death Notices in Dailies

[illegible]

Washing and Dressing,.....					
----------------------------	--	--	--	--	--

[illegible][illegible]

Use of Chairs, .....	.....	.....	Goods ordered by <i>J. J.</i>	.....
			Billed to <i>J. J.</i>	

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to Date..... 310.

Date of Death, Sept. 8-1 1908 Color White Age { 10 Years.
9 Months.
9 Days.

Name of Deceased, John R. Barry

Place of death, Rockport Mass. Street, _____ Ward No. _____

Residence, Sex, Single, Married,

Occupation, None Wife of _____

Birth-place,..... Widov of.....

Name of Father, His Birth-place, *

Maiden Name } Catherine Murphy Her Birth-place, * No. Adams
of Mother, }

Cause of death, } Primary,..... Duration,.....

Cause of death, Secondary, *Tubercular Meningitis* Duration,

Certifying Physician, Rockport, N.Y., His Residence,

Place of burial No. Adams Soliviv Cemetery, Lot or Grave No. Section No.

Funeral Services at None.

Time of Services,

Date of Interment, Sept. 13 1908

Diagram of }

Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,..... Candles, *None.*.....

Size, 2 1/2 Made by Hand Gloves,

Lining,.....	Hearse to.....	Cemetery
--------------	----------------	----------------

Handles.....	Carriage for.....
--------------	-------------------

Plate,.....

Outside Box,.....			" "			
-------------------	--	--	-----	-------	-------	-------

Burial robe,			Carriages at Funeral,		
--------------------	-------	-------	-----------------------------	-------	-------

Preserving Body with.....	Death Notices in.....
---------------------------	-----------------------

[illegible]

Shaving,.....					
---------------	-------	-------	-------	-------	-------

Services,				
-----------------	--	--	--	--

Use of Chairs, Goods ordered by John Murphy

Cemetery Fee,		Bill charged to <u>U</u>	
---------------------	-------	--------------------------------	-------

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 65Total to Date 311

FOR THE FUNERAL OF

Catharine Murphy

Date of Death, Sept. 11, 1908 Color White Age 65 Years. 0 Months. 0 Days.

Name of Deceased, Catharine Murphy

Place of death, Rockport Mass. St. Ward No.

Residence, Boston Mass Sex, female Single, Married, Married

Occupation, None Wife of John Murphy

Birth-place, Ireland Widow of

Name of Father, Unknown His Birth-place, *

Maiden Name } " Her Birth-place, *

Cause of death, } Primary, Diarrhoea Duration,

Cause of death, } Secondary, Duration,

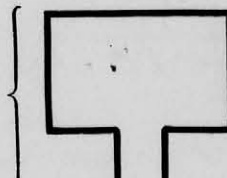
Certifying Physician, Rockport Dr. His Residence,

Place of burial, No. Adams St. View Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 9 A. M.

Date of Interment, Sept. 13, 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>3 lbs.</u>
Size, <u>5 1/2</u> Made by <u>National</u>	Gloves, <u>6 pr black</u>
Lining, <u>White</u>	Hearse to <u>St. Francis</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u></u>
Plate, <u>None</u>	" " <u></u>
Outside Box, <u>Christmast</u>	" " <u></u>
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>1 Obit</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>John Murphy</u>
Cemetery Fee, <u></u>	Bill charged to <u></u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to Date 8/2

Male infant Fred Cadron.

Date of Death, Sept. 17 1908 Color † White Age { 4 yrs. Years. Months. Days.

Name of Deceased, Male infant Fred Cadron.

Place of death, No. Adams Mass. Street, 13 Lofts, Ward No.

Residence, " " Sex, Male Single, Single, Married,

Occupation, None. Wife of

Birth-place, No. Adams, Widow of

Name of Father, Fred Cadron, His Birth-place, * Adams, Mass,

Maiden Name of Mother, Mary Tebeault, Her Birth-place, * Wallingford Vts.

Cause of death, Primary, Stillborn Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr. F. M. Gath, His Residence,

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. 700, Section No.

Funeral Services at, None.

Time of Services, 8 Sept. 18 1908

Date of Interment, 8 Sept. 18 1908

Diagram of Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.H. 27.	Candles, None
Size, 2/0 Made by Woolley	Gloves, 1
Lining, White	Hearse to Cemetery
Handles, None	Carriage for
Plate, "	" "
Outside Box, "	" "
Burial robe, "	Carriages at Funeral,
Preserving Body with	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Fred Cadron
Cemetery Fee,	Bill charged to City No. Adams

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 67

Total to Date 313

FOR THE FUNERAL OF

Mary Huttler

Date of Death, *Sept. 18*.....190*8*.....

Color † *White* Age

36 Years.
..... Months.
..... Days.

Name of Deceased, Mary Hult

Place of death, *No. Addams Hospital* Street, **Ward No.**

Residence, 274 Brown St. Sex, Female Single, Married

Occupation, None Wife of Anthony Seattle

Birth-place,.....*Austria*.....Widow of.....*1*.....

Name of Father, *George Huttie* His Birth-place, * *Austria*

Maiden Name } Unknown Her Birth-place, * _____
of Mother, }

Cause of death, } Primary, *Typhoid Fever.* Duration,

Cause of death, { Secondary, *Meningitis* Duration, *2 1/2*

Certifying Physician, Dr. F. D. Stafford His Residence, Summer St.

Place of burial. No. Adams St Joseph's Cemetery, Lot or Grave No. Section No. Free

Funeral Services at St. Francis

Time of Services..... 2 P.M. Sept. 20th

Date of Interment. Sept. 2^d 1908 Diagram of)

Diagram of } 

Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <u>craper coffin 7</u>	Candles, <u>1 set</u>
---	-----------------------

Size, 5 1/2 Made by Bristol Gloves, 6 Pr black

Lining	White		Hearse to	St Josephs Cemetery	
--------	-------	--	-----------	---------------------	--

Handles.....	<i>Sil</i>			Carriage for.....		
--------------	------------	-------	-------	-------------------	-------	-------

Plate,			“ “		
--------------	-------	-------	-----------	-------	-------

Outside Box, One

Burial robe, <i>lawn dress</i>		Carriages at Funeral, <i>2</i>	
--------------------------------	--	--------------------------------	--

Preserving Body with <u>Esco</u>	Death Notices in <u>Wailes</u>
----------------------------------	--------------------------------

Washing and Dressing,					
-----------------------------	-------	-------	-------	-------	-------

Shaving,.....					
---------------	-------	-------	-------	-------	-------

Services,					
-----------------	-------	-------	-------	-------	-------

Use of Chairs, Goods ordered by Anthony D'Amico

Cemetery Fee, Bill charged to..... *Funery Home*

Goods ordered by Anthony Hubble

Bill charged to.....*Anthony J. Huette*.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No. 68Total to Date... 314

FOR THE FUNERAL OF

Effie Rumboldt.

Date of Death, Sept 22 1908 Color White Age 19 Years.
 Name of Deceased, Effie Rumboldt.
 Place of death, Clarksburg Street, _____ Ward No. _____
 Residence, _____ Sex, female Single, Yes Married, Married
 Occupation, None Wife of Richard Rumboldt.
 Birth-place, No. Adams Widow of _____
 Name of Father, Charles E. Blair His Birth-place, * No. Adams
 Maiden Name of Mother, Mary Eddie Her Birth-place, * _____
 Cause of death, { Primary, Protonitis Duration, _____
 Cause of death, { Secondary, _____ Duration, _____
 Certifying Physician, Dr. Wright His Residence, _____
 Place of burial, Clarksburg Cemetery, Lot or Grave No. _____ Section No. _____
 Funeral Services at Home
 Time of Services, 2 P.M. Sept. 24 '08
 Date of Interment, Sept. 24 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>663</u>	Candles, <u>None</u>
Size, <u>5/6</u> Made by <u>Filence</u>	Gloves, <u>6 P. White</u>
Lining, <u>White</u>	Hearse to <u>Clarksburg</u> Cemetery
Handles, <u>Sil.</u>	Carriage for _____
Plate, _____	" " _____
Outside Box, <u>None</u>	" " _____
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, <u>None</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Local</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Rumboldt</u>
Cemetery Fee, _____	Bill charged to <u>Richard Rumboldt</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 69

Total to Date 315

FOR THE FUNERAL OF

Anthony A Korcendak

Date of Death, Sept. 24 1905 Color White Age { 1 Years.
1 Months.
1 Days.

Name of Deceased, Anthony A. Korcendofsky Days.

Place of death, No. Adams Mass Street, 42 Gallup Ward No. 2

Residence, Sex, *Male* Single, *Single* Married,

Occupation, None Wife of _____

Birth-place, W Adams, Mass. Widow of John Adams

Name of Father, *Georg Korcondoroff* His Birth-place, *

Maiden Name } Margaret Roddell Her Birth-place, *

Cause of death. } Primary, *Shoccolites* Duration,

Cause of death. Secondary.....Duration,.....

Certifying Physician, Dr. Bushnell His Residence, Union, So.

Place of burial N. Adams St. Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at Kosciuszko

Time of Services.....

Date of Interment Sept 25 1908 Diagram of

Diagram of } 

Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,.....	Made by.....	Gloves,.....
------------	--------------	--------------

Lining.....		Hearse to.....	Cemetery ...		
-------------	-------	----------------	--------------	-------	-------

Handles.....			Carriage for.....		
--------------	-------	-------	-------------------	-------	-------

Plate,.....			“ “		
-------------	-------	-------	-----------	-------	-------

Outside Box,			“ “		
--------------------	-------	-------	-----------	-------	-------

Burial robe,			Carriages at Funeral,		
--------------------	-------	-------	-----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

Washing and Dressing,						
-----------------------------	-------	-------	-------	-------	-------	-------

Shaving,.....					
---------------	-------	-------	-------	-------	-------

Services,					
-----------------	-------	-------	-------	-------	-------

Use of Chairs,			Goods ordered by.....		
----------------------	-------	-------	-----------------------	-------	-------

Cemetery Fee,			Bill charged to.....		
---------------------	-------	-------	----------------------	-------	-------

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No. 70

Total to Date 315

FOR THE FUNERAL OF

Charles H. Bingham

Date of Death, Sept 24 1908 Color White Age { Years.
Months.
Days.

Name of Deceased, Charles H. Bingham

Place of death, Boston Mass. Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name } Her Birth-place, *
of Mother, }

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

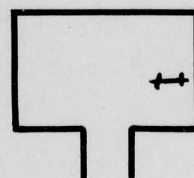
Certifying Physician, His Residence,

Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at Boston Mass.

Time of Services,

Date of Interment, Sun Sept 27 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 123 C.	Candles,
Size, 40 Made by	Gloves,
Lining, Mutatie	Hearse to Cemetery
Handles,	Carriage for
Plate,	" "
Outside Box,	" "
Burial robe,	Carriages at Funeral, 6 from Depot
Preserving Body with	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Thomas A. Bingham
Cemetery Fee,	Bill charged to, Chas. H. Bingham

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 71Total to Date 312

FOR THE FUNERAL OF

Annir Saunders.

Date of Death, Sept. 27 1908 Color White Age 44 Years. — Months. — Days.

Name of Deceased, Annir Saunders

Place of death, No. Adams Mass. Street, Revere & Centre Ward No. —

Residence, " " " Sex, Female Single, — Married, Widow

Occupation, None Wife of —

Birth-place, England Widow of —

Name of Father, John Hanley His Birth-place, Ireland

Maiden Name of Mother, Margaret Lacy Her Birth-place, "

Cause of death, } Primary, — Duration, —

Cause of death, } Secondary, — Duration, —

Certifying Physician, J. Curran His Residence, Eagle St.

Place of burial, No. Adams, Hillside Cemetery, Lot or Grave No. — Section No. —

Funeral Services at St. Francis, Rev. M. Gillis

Time of Services, 9:00 A.M.

Date of Interment, Sept 29 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>2 lbs.</u>
Size, <u>5' 6"</u> Made by <u>National</u>	Gloves, <u>6 P. black</u>
Lining, <u>White</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u>—</u>
Plate, <u>"</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>Brown Cash</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>2 doz</u>	Goods ordered by <u>John Hanley</u>
Cemetery Fee, <u>3.00</u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 72

Total to Date 820

FOR THE FUNERAL OF

Sarah Alice Krefe

Date of Death, October 5 1908 Color White Age { 41 Years.
— Months
— Days.

Name of Deceased, Sarah Alice Krefe

Place of death, No. Adams Mass. Street, 31 Main St. Ward No. —

Residence, " " " Sex, female Single, — Married, Widow

Occupation, Housew. Wife of —

Birth-place, Randolph Mass. Widow of Timothy Krefe

Name of Father, James Murray His Birth-place, * Vermont

Maiden Name of Mother, Mary Hemmings Her Birth-place, * Bedford Canada

Cause of death, { Primary, Cancer of Breast Duration, 1 yr.

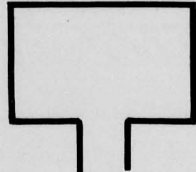
Cause of death, { Secondary, — Duration, —

Certifying Physician, Croft His Residence, —

Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. — Section No. —

Funeral Services at St. Francis

Time of Services, 9 A. Oct. 7:08

Date of Interment, Oct. 7 1908 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>4 lbs.</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>6 P. black</u>
Lining, <u>White</u>	Hearse to <u>Hillside Cemetery</u>
Handles, <u>—</u>	Carriage for <u>—</u>
Plate, <u>"</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>Wool Cloth</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>E. sco.</u>	Death Notices in <u>dailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Mrs. Murray</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>" "</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 73Total to Date 321

FOR THE FUNERAL OF

Date of Death, October 5 1908Color White

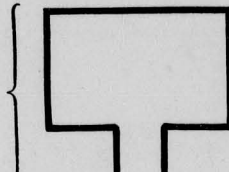
Age

61

Years.

Months.

Days.

Name of Deceased, Joseph MezzanottiPlace of death, No. AdamsStreet, Witt St.Ward No. Residence, "Sex, MaleSingle, MarriedMarried, MarriedOccupation, LabourerWife of Birth-place, AustriaWidow of Name of Father, John MezzanottiHis Birth-place, AustriaMaiden Name of Mother, Margherita MariniHer Birth-place, "Cause of death, PneumoniaPrimary, 7 daysDuration, 7 daysCause of death, Secondary, Duration, Certifying Physician, BushnellHis Residence, Union St.Place of burial, No. Adams St. JosephsCemetery, Lot or Grave No. Section No. Funeral Services at St. AnthonyTime of Services, 9 A.M. Oct. 7 '08Date of Interment, October 7 1908Diagram of Burial Lot. Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 21Size, 5/9Made by H. LourenLining, WhiteHandles, Sil.Plate, Outside Box, PineBurial robe, Wool ClothPreserving Body with EscoWashing and Dressing, Shaving, Services, Use of Chairs, Cemetery Fee, Candles, 4 lbs.Gloves, BlackHearse to St. Josephs

Cemetery

Carriage for " " " " Carriages at Funeral, 4Death Notices in DailiesGoods ordered by Mrs. MezzanottiBill charged to Joseph Mezzanotti

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 74

FOR THE FUNERAL OF

Total to Date 322

Maudie Elizabeth Shree.

Date of Death, Oct. 13 1908 Color White Age { 9 Years.
5 Months.
25 Days.

Name of Deceased, Maudie Elizabeth Shree

Place of death, No Adams Street, 269 Ashland. Ward No.

Residence, " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams. Widow of

Name of Father, Timothy Shree. His Birth-place, * No Adams.

Maiden Name of Mother, Nellie Fay. Her Birth-place, * Richmond Vt.

Cause of death, { Primary, Duration,

Cause of death, { Secondary, Marasmus. Duration,

Certifying Physician, Riley His Residence, Main

Place of burial, Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services, "

Date of Interment, Oct. 14 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 53	Candles, 2 lbs
Size, 3/6 Made by Florence	Gloves, None
Lining, White	Hearse to White Hillside Cemetery
Handles, W. Harting	Carriage for
Plate, " "	" "
Outside Box, Pine	" "
Burial robe, W. Clothes	Carriages at Funeral, 4
Preserving Body with	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Timothy Shree
Cemetery Fee,	Bill charged to "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 75Total to Date 323

FOR THE FUNERAL OF

Michael O'Brien

Date of Death, Oct. 13 1908 Color White Age { Years.
Months.
Days.

Name of Deceased, Michael O'Brien

Place of death, No. Adams Hospital Street, Ward No.

Residence, 232 Houghton St. Sex, Male Single, Widowed (Married)

Occupation, Labourer Wife of —

Birth-place, Ireland Widow of —

Name of Father, Thomas O'Brien His Birth-place, * Ireland

Maiden Name of Mother, Mary Carey Her Birth-place, * "

Cause of death, { Primary, Myocarditis Duration, —

Cause of death, { Secondary, Ordema of lungs Duration, 1 month

Certifying Physician, Dr. Forster His Residence, —

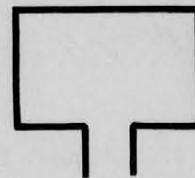
Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. — Section No. —

Funeral Services at St. Francis

Time of Services, 9 A. M.

Date of Interment, Oct. 16 1908

Diagram of Burial Lot. {



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>6 lbs</u>
Size, <u>6/8</u> Made by <u>National</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White silk</u>	Hearse to, <u>St. Joseph's Cemetery</u>
Handles, <u>lx</u>	Carriage for, <u>—</u>
Plate, <u>lx</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>—</u>
Preserving Body with <u>E seo</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Catharine O'Brien</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

Dr.

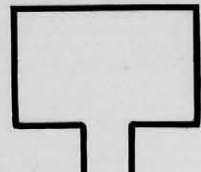
Cr.

RECORD AND BILL OF ITEMS

Yearly No. 76

FOR THE FUNERAL OF

Total to Date 324

Date of Death, Oct. 14 1908 Color White Age { 8 Years.
 Name of Deceased, Amelia Jon Months
 Place of death, No. Adams Street, 6 Rand St. Ward No.
 Residence, " " Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, No. Adams Widow of
 Name of Father, John Jon His Birth-place, * Russia
 Maiden Name of Mother, Annied Rubell Her Birth-place, * Austria
 Cause of death, { Primary, Duration,
 Cause of death, { Secondary, Indigestion Duration,
 Certifying Physician, Dr. Kingsley His Residence, Church Place
 Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.
 Funeral Services at None
 Time of Services, "
 Date of Interment, Oct. 15 1908 Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>01 1/2</u>	Candles, <u>1 lb.</u>
Size, <u>2 1/3</u> Made by <u>W. L. Lorne</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u></u>
Handles, <u>2 Carb.</u>	Carriage for <u>family</u>
Plate, <u>Cross</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u></u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u></u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Annied Jon</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 77Total to Date 825

FOR THE FUNERAL OF

Nellie Bullett.Date of Death, Oct. 18 1908 Color White Age 25 Years. Months. Days.Name of Deceased, Nellie Bullett.Place of death, Pownal Vt.

Street, _____ Ward No. _____

Residence, " " Sex, female Single, _____ Married, MarriedOccupation, Housewife Wife of George Bullett.Birth-place, No. Adams Mass. Widow of _____Name of Father, Timothy O'Brien His Birth-place, * Northfield Vt.Maiden Name of Mother, Margaret Christopher Her Birth-place, * Pownal Vt.Cause of death, } Primary, Pulmonary Tuberculosis Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Barber His Residence, No. Pownal Vt.Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. _____ Section No. _____Funeral Services at St. Raphael'sTime of Services, 10 A M. Oct 20 '08Date of Interment, Oct. 20 1908

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1103</u>	Candles, <u>6 lbs.</u>
Size, <u>5/9</u> Made by <u>F. Lawrence</u>	Gloves, <u>4 Pr. Sug.</u>
Lining, <u>White</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for _____
Plate, _____	" " _____
Outside Box, <u>Chestnut</u>	" " _____
Burial robe, <u>Own dress</u>	Carriages at Funeral, <u>Wm.</u>
Preserving Body with <u>Esko</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>George Bullett</u>
Cemetery Fee, _____	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 78

Total to Date 326

FOR THE FUNERAL OF

Infant Puppulo.

Date of Death, Oct. 20 1908 Color † White Age { Years. Months Days.

Name of Deceased, Inf. of Michael Puppulo,

Place of death, No. Adams Street, Walnut St. Ward No.

Residence, 335 Walnut St. Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams, Mass. Widow of

Name of Father, Michael Puppulo. His Birth-place, * Italy

Maiden Name of Mother, Josephine Marino Her Birth-place, * "

Cause of death, Primary, Stillborn Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr. M. E. Gath His Residence, Holden St.

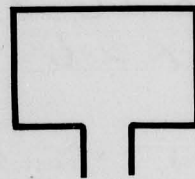
Place of burial, No. Adams, So. View Cemetery, Lot or Grave No. 773 Section No. Free.

Funeral Services at None.

Time of Services, 7:00

Date of Interment, Oct. 20 1908

Diagram of Burial Lot. }



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. K. Coffin	Candles, None
Size, 2/0 Made by Woolley	Gloves, "
Lining, White	Hearse to, " Cemetery
Handles, None	Carriage for, "
Plate, "	" " "
Outside Box, "	" " "
Burial robe, "	Carriages at Funeral, "
Preserving Body with, "	Death Notices in, "
Washing and Dressing, "	
Shaving, "	
Services, "	
Use of Chairs, "	Goods ordered by, Michael Puppulo
Cemetery Fee, "	Bill charged to, "

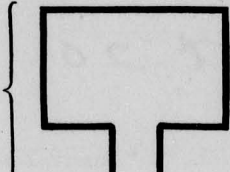
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 79Total to Date 327

FOR THE FUNERAL OF

Date of Death, Oct. 24 1908 Color White Age 67 Years. Months. Days.Name of Deceased, John J. DonnellyPlace of death, No. Adams Street, Lancaster St Ward No. Residence, " Sex, Male Single, Married MarriedOccupation, Laborer Wife of "Birth-place, Savannah Ga Widow of "Name of Father, Michael Donnelly His Birth-place, IrelandMaiden Name of Mother, Mary Oline Her Birth-place, "Cause of death, Primary, Arterio Sclerosis Duration, "Cause of death, Secondary, " Duration, "Certifying Physician, Ed Curran His Residence, Eagle StPlace of burial, Springfield St Michael's Cemetery, Lot or Grave No. " Section No. "Funeral Services at St Francis Oct 26Time of Services, Oct 26 9 A. M.Date of Interment, Oct 26 1908Diagram of Burial Lot. 

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1210</u>	Candles, <u>8 lbs</u>
Size, <u>6/9</u> Made by <u>National</u>	Gloves, <u>6 pr black</u>
Lining, <u>White</u>	Hearse to <u>19 spot</u> Cemetery
Handles, <u>lx</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Christmast</u>	" "
Burial robe, <u>Wool Cloth</u>	Carriages at Funeral, <u>7</u>
Preserving Body with <u>Eseo</u>	Death Notices in <u>Mailies</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>to Springfield</u>	
Use of Chairs, <u>24</u>	Goods ordered by <u>Mrs Donnelly</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 80

Total to Date 328

FOR THE FUNERAL OF

Johanna O'Brien

Date of Death, Oct. 28 1908 Color [†] White Age { 63 Years.
Months
Days.

Name of Deceased, Johanna O'Brien

Place of death, No Adams Street, 467 Church, Ward No.

Residence, " Sex, female Single, Married, married

Occupation, None Wife of James O'Brien

Birth-place, Ireland Widow of

Name of Father, Michael Kating His Birth-place, Ireland,

Maiden Name } Her Birth-place, *

Cause of death, } Primary, Cerebral Hemorrhage 15 days

Cause of death, } Secondary, Duration,

Certifying Physician, C. J. Curran, His Residence, Eagle St

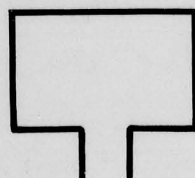
Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at, St Francis Church,

Time of Services, 9 A. M. Oct 30

Date of Interment, Oct 30 1908

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, H. Couch, Bristol	Candles, 6 lbs
Size, 6/0 Made by Bristol	Gloves, 6 Pa. black,
Lining, White Silk	Hearse to Hillside Cemetery
Handles, Venetian Bronze	Carriage for
Plate, " "	" "
Outside Box, Chestnut	" "
Burial robe, Black Cash,	Carriages at Funeral, Eight
Preserving Body with Esco.	Death Notices in Wallis
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by James O'Brien
Cemetery Fee,	Bill charged to James O'Brien

Dr.

Cr.

RECORD AND BILL OF ITEMS

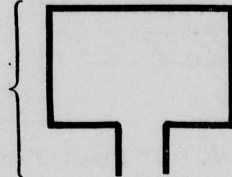
Yearly No. 81

Total to Date 829

FOR THE FUNERAL OF

David Lynch

Date of Death, Oct. 28 1908 Color *White* Age { 66 Years.
 Name of Deceased, David Lynch
 Place of death, City, Tenn. Street, Ward No.
 Residence, North Place Sex, Male Single, Married, Widowed,
 Occupation, Nurse Wife of
 Birth-place, Ireland Widow of
 Name of Father, Unknown His Birth-place, * Ireland
 Maiden Name of Mother, " Her Birth-place, *
 Cause of death, { Primary, Cancer Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. F. M. Grath His Residence,
 Place of burial, No. Adams St. Josephs Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St. Francis
 Time of Services, 8 A. M. Oct. 30 '08
 Date of Interment, Oct. 30 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>Crape coffin</i>	Candles, <i>4 lbs</i>
Size, <i>5/9</i> Made by <i>F. Lawrence</i>	Gloves, <i>5 pr. black</i>
Lining, <i>White</i>	Hearse to <i>St. Josephs Cemetery</i>
Handles, <i>Sil.</i>	Carriage for
Plate, <i>"</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Wool/Clashes</i>	Carriages at Funeral, <i>3</i>
Preserving Body with <i>Alcohol</i>	Death Notices in <i>Dailies</i>
Washing and Dressing, <i>/</i>	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Mrs. Hutchinson</i>
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 82.

Total to Date... 630

FOR THE FUNERAL OF

Male infant of Alex Ford

Date of Death, Oct 28 1908 Color White Age 3 Months 2 Days.

Name of Deceased, Male infant of Alex Ford

Place of death, No. Adams, Street, 57 Burnham Ward No. 1

Residence, 11 11 Sex, Male Single, Married

Occupation, None. Wife of _____

Birth-place, No. Adams, Widow of

Name of Father, Alex Ford His Birth-place, * Adams

Maiden Name of Mother, } Catharine Hountaine. Her Birth-place, * No. Adams.

Cause of death, } Primary, Stillborn Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, R. H. Mc. Leath His Residence, _____

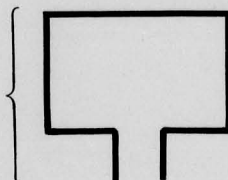
Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, Oct 30 1908

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this
 † for every Grave in it. And mark *this*
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <i>P. H. Sq.</i>	Candles, <i>None</i>
Size, <i>2/0</i> Made by <i>Woolley</i>	Gloves, <i>"</i>
Lining, <i>White</i>	Hearse to <i>"</i> Cemetery <i>"</i>
Handles, <i>None</i>	Carriage for <i>"</i>
Plate, <i>"</i>	" " <i>"</i>
Outside Box, <i>"</i>	" " <i>"</i>
Burial robe, <i>"</i>	Carriages at Funeral, <i>"</i>
Preserving Body with <i>"</i>	Death Notices in <i>"</i>
Washing and Dressing, <i>"</i>	
Shaving, <i>"</i>	
Services, <i>"</i>	
Use of Chairs, <i>"</i>	Goods ordered by <i>Alfred Ford</i>
Cemetery Fee, <i>"</i>	Bill charged to <i>"</i>

DR.

CR.

RECORD AND BILL OF ITEMS

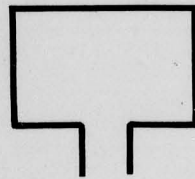
Yearly No.

84

FOR THE FUNERAL OF

Total to Date 332

Date of Death, Nov. 6 1908 Color White Age { 29 Years.
 Name of Deceased, Elizabeth A. Griffin Months
 Place of death, No. Adams Street, School St. Ward No. Days.
 Residence, Sex, Female Single Married, Married
 Occupation, Housewife Wife of John Griffin
 Birth-place, Scotland Widow of
 Name of Father, William Lusk His Birth-place, * Scotland
 Maiden Name of Mother, Elizabeth Malloy Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, C. J. Curran His Residence, Eagle St.
 Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A. M. Nov. 9 '08
 Date of Interment, Nov. 9 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>S. G. P. D. S.</u>	Candles, <u>8 lbs.</u>
Size, <u>6 1/2</u> Made by <u>Boston P. C.</u>	Gloves, <u>6 P. Grey</u>
Lining, <u>White silk</u>	Hearse to <u>St. Joseph's Cemetery</u>
Handles, <u>Grey French</u>	Carriage for <u></u>
Plate, <u>French Grey</u>	" " <u></u>
Outside Box, <u>Christmast</u>	" " <u></u>
Burial robe, <u>White Cash</u>	Carriages at Funeral, <u>7 & 2 seats</u>
Preserving Body with <u>Esco.</u>	Death Notices in <u>2 dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>John Griffin</u>
Cemetery Fee, <u></u>	Bill charged to <u></u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 85

Total to Date 383

FOR THE FUNERAL OF

Female Infant of Anthony Barone

Date of Death, Nov 7 - 1908

Color † White

Age

Years.

Months.

Days.

Name of Deceased, not named

Place of death, N. A. Hospital

Street,

Ward No.

Residence, Rome Mass

Sex, female

Single, —

Married, —

Occupation, none

Wife of

Birth-place, North Adams

Widow of

Name of Father, Anthony Barone

His Birth-place, *

Italy

Maiden Name of Mother, Angelina Valente

Her Birth-place, *

Cause of death, Primary, Stillborn

Duration,

Cause of death, Secondary,

Duration,

Certifying Physician, Dr. F. D. Stafford

His Residence,

Sumner,

Place of burial, N. A. Adams So. Union

Cemetery, Lot or Grave No.

774

Section No.

Four

Funeral Services at, None.

Time of Services, 11

Date of Interment, Nov. 8.

1908

Diagram of
Burial Lot.

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. K. Sq.

Size, 26 Made by, Comiskey

Lining, White

Handles, None

Plate, ?

Outside Box, —

Burial robe, —

Preserving Body with, —

Washing and Dressing, —

Shaving, —

Services, —

Use of Chairs, —

Cemetery Fee, —

Candles, None

Gloves, —

Hearse to, — Cemetery

Carriage for, —

" "

" "

Carriages at Funeral, —

Death Notices in, —

Goods ordered by, Anthony Barone

Bill charged to, —

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 86

FOR THE FUNERAL OF

Total to Date 334

Male infant of Frank Manerino

Date of Death, Nov. 21 1908 Color † Age { Years.
Months.
Days.
Name of Deceased, Male infant Manerino
Place of death, No Adams Street, 6 Rock St Ward No.
Residence, " Sex, Male Single, — Married,
Occupation, None Wife of
Birth-place, No Adams Widow of
Name of Father, Frank Manerino His Birth-place, * Italy
Maiden Name of Mother, Carmel Maitron Her Birth-place, * "
Cause of death, { Primary, Still-born Duration,
Cause of death, { Secondary, Duration,
Certifying Physician, Marco His Residence, Sumner
Place of burial, No Adams So View Cemetery, Lot or Grave No. 776 Section No. Free.
Funeral Services at, None.

Time of Services, "

Date of Interment, Nov 23 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. K. Sq.	Candles, None
Size, 1/10 Made by Kooly	Gloves, "
Lining, White	Hearse to " Cemetery
Handles, None	Carriage for "
Plate, "	" "
Outside Box, "	" "
Burial robe, "	Carriages at Funeral, "
Preserving Body with	Death Notices in "
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Frank Manerino
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 87Total to Date 388

FOR THE FUNERAL OF

Clarence Farnsworth

Date of Death, Nov 20 1908 Color White Age 40 Years. 0 Months. 0 Days.

Name of Deceased, Clarence Farnsworth

Place of death, No Adams Hospital Street, Ward No.

Residence, Roxbury Mass. Sex, Male Single, Single Married, Married

Occupation, Labourer Wife of

Birth-place, Cohain Mass Widow of

Name of Father, Riley Farnsworth His Birth-place, * Cohain

Maiden Name of Mother, Abeliah Cressy Her Birth-place, * Roxbury Mass

Cause of death, { Primary, Gangrene of leg Duration,

Cause of death, { Secondary, Amputation Duration,

Certifying Physician, Dr Stafford His Residence, Summer

Place of burial, Cohain Mass Cemetery, Lot or Grave No. Section No.

Funeral Services at Connors Spencers officiating

Time of Services, 10:30 A.M. Nov 23

Date of Interment, Nov 23 1908

Diagram of
Burial Lot.Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>3115</u>	Candles, <u>None</u>
Size, <u>5/9</u> Made by <u>Natural</u>	Gloves, <u></u>
Lining, <u>White</u>	Hearse to <u>Deport</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u>None</u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Black Linen</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>Eser</u>	Death Notices in <u>Dialist</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Dr Davenport</u>
Cemetery Fee, <u></u>	Bill charged to <u>None</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

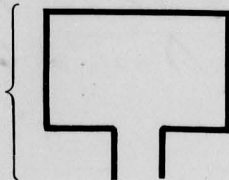
Yearly No. 88

FOR THE FUNERAL OF

Total to Date 356

Sarah Ann Brown

Date of Death, Nov. 22 1908 Color † White Age { 69 Years.
 Name of Deceased, Sarah Ann Brown { Months
 Place of death, No. Adams Street, 13 Church Ward No. Days.
 Residence, " " Sex, female Single, Married, Widowed
 Occupation, None Wife of
 Birth-place, Sheffield England. Widow of, Henry Brown.
 Name of Father, William Watts, His Birth-place, * Unknown.
 Maiden Name of Mother, Unknown. Her Birth-place, *
 Cause of death, { Primary, Erysipelas Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. R. Hollier His Residence, Main
 Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.
 Funeral Services at Home
 Time of Services, 2.30 P.M. Nov. 24/08
 Date of Interment, Nov. 24 1908

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 3008	Candles, None
Size, 6/8 extra Made by Florence	Gloves, 6 P. Black.
Lining, White	Hearse to So. View Cemetery
Handles, Sil	Carriage for Family
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Black Cash,	Carriages at Funeral, 2
Preserving Body with, Eero.	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs. Sprouton
Cemetery Fee,	Bill charged to, 1.1

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 89

Total to Date 387

FOR THE FUNERAL OF

Melvina Ducharme

Date of Death, Nov. 25 1908 Color White Age 8 Years. 8 Months. Days.

Name of Deceased, Melvina Ducharme

Place of death, No. Adams Street, 147 Beaver Ward No.

Residence, " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Mass Widow of

Name of Father, Louis Ducharme His Birth-place, * Canada

Maiden Name of Mother, (Arminie) Gauthier Her Birth-place, * Rouse's Point N.Y.

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

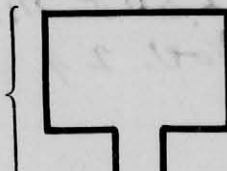
Certifying Physician, C. J. Curran His Residence, Eagle St.

Place of burial, No. Adams St. Cemetery, Lot or Grave No. Section No.

Funeral Services at Notre Dame

Time of Services, 2:30 P.M. Nov. 26

Date of Interment, Nov. 26 1908

Diagram of Burial Lot. } 

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.K. Coffin	Candles, 2 lbs.
Size, 3/4 Made by Florence	Gloves, None
Lining, 3/4 white	Hearse to, Cemetery
Handles, Sil	Carriage for, family
Plate, Our Darling	" " " "
Outside Box, Pins	" " " "
Burial robe, Our dress	Carriages at Funeral,
Preserving Body with,	Death Notices in,
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Melvina Ducharme
Cemetery Fee,	Bill charged to, "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 90

FOR THE FUNERAL OF

Total to Date 388

Katie Smith

Date of Death, Nov. 6 1905 Color † White Age { 27 Years. Months Days.

Name of Deceased, Katie Smith

Place of death, Brattleboro Vt Street, Ward No.

Residence, Sex, female Single, Married, married

Occupation, Nurse Wife of

Birth-place, Widow of

Name of Father, Charles Turner His Birth-place, * Middlebury Vt

Maiden Name of Mother, Anna Nugent Her Birth-place, *

Cause of death, Primary, Paralysis Duration,

Cause of death, Secondary, Duration,

Certifying Physician, L E Lawton, His Residence, Brattleboro Vt.

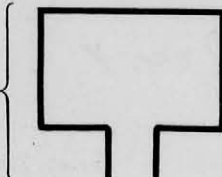
Place of burial, No. Adams St Josephs Cemetery, Lot or Grave No. Section No.

Funeral Services at Brattleboro

Time of Services,

Date of Interment, Dec. 4 1905

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, Cape.		Candles,	
Size, 37 1/2 Made by		Gloves,	
Lining,		Hearse to Cemetery	
Handles, Sil		Carriage for	
Plate,		" "	
Outside Box, Pine		" "	
Burial robe,		Carriages at Funeral, 1	
Preserving Body with		Death Notices in Daily	
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs,		Goods ordered by Mrs Turner	
Cemetery Fee,		Bill charged to	

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 92

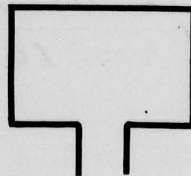
FOR THE FUNERAL OF

Total to Date 340

Hazel Beals

Date of Death, *Dec. 7* 190*8* Color *White* Age { *13* Years.
10 Months
5 Days.
 Name of Deceased, *Hazel Beals*
 Place of death, *Clarksburg Mass.* Street, *No. Eagle* Ward No. _____
 Residence, " Sex, *female* Single, *Single* Married, _____
 Occupation, *None* Wife of _____
 Birth-place, *No. Adams* Widow of _____
 Name of Father, *Charles Beals* His Birth-place, * *No. Adams*
 Maiden Name of Mother, { *Minnie Hewitt* Her Birth-place, * " "
 Cause of death, { Primary, *Typhoid Fever* Duration, *14 days*
 Cause of death, { Secondary, _____ Duration, _____
 Certifying Physician, *H. L. Bushnell* His Residence, *Union St.*
 Place of burial, *Clarksburg* Cemetery, Lot or Grave No. _____ Section No. _____
 Funeral Services at *Home*
 Time of Services, *2.30 P. M. Dec 9*
 Date of Interment, *Dec 9* 190*8*

Diagram of Burial Lot. }



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>41</i>	Candles, <i>None</i>
Size, <i>5/3</i> Made by <i>Flower</i>	Gloves, <i>"</i>
Lining, <i>White</i>	Hearse to <i>Clarksburg</i> Cemetery <i>corner</i>
Handles, <i>Sil</i>	Carriage for _____
Plate, <i>"</i>	" " _____
Outside Box, <i>Pine</i>	" " _____
Burial robe, <i>Wool Dress</i>	Carriages at Funeral, <i>3</i>
Preserving Body with <i>E. sco.</i>	Death Notices in <i>Dailies</i>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <i>Charles Beals</i>
Cemetery Fee, _____	Bill charged to <i>"</i>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 93

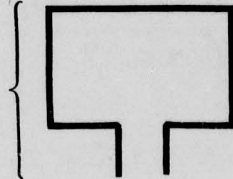
Total to Date 341

FOR THE FUNERAL OF

Anne Collins

Date of Death, Dec. 8 1908 Color White Age 80 Years.
 Name of Deceased, Anne Collins
 Place of death, No. Adams Street, 15 Hudson Ward No.
 Residence, " " Sex, Single, Married,
 Occupation, None Wife of
 Birth-place, Ireland Widow of Michael Collins
 Name of Father, Unknown His Birth-place, *
 Maiden Name of Mother, " Her Birth-place, *
 Cause of death, Primary, Accidental burns Duration,
 Cause of death, Secondary, Duration,
 Certifying Physician, C. J. O'Connell His Residence,
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis
 Time of Services, 9 A.M. Dec. 10 '08
 Date of Interment, Dec. 10 1908

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, Sg. Black	Candles, 8 lbs
Size, 6/6 Made by Marshall	Gloves, 6 Pr. black
Lining, Rich Satin	Hearse to Hillside Cemetery
Handles, Ex. Ester	Carriage for
Plate, Ex	" "
Outside Box, Chestnut	" "
Burial robe, Black Cash	Carriages at Funeral, 2
Preserving Body with Eco	Death Notices in Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs M. E. Gray
Cemetery Fee,	Bill charged to Anne Collins T. Est.

DR.

CR.

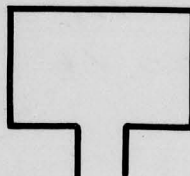
RECORD AND BILL OF ITEMS

Yearly No. 94

FOR THE FUNERAL OF

Total to Date 342

Date of Death, Dec. 11 1908 Color White Age { 86 Years.
11 Months.
9 Days.
 Name of Deceased, Solomon Belden
 Place of death, Clarkshurg Street, John Hill Ward No. _____
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, None Wife of _____
 Birth-place, Chester Mass Widow of _____
 Name of Father, Solomon Belden His Birth-place, * Chester Mass
 Maiden Name of Mother, { Betsy Brins Her Birth-place, * " "
 Cause of death, { Primary, result of fall Duration, _____
 Cause of death, { Secondary, _____ Duration, _____
 Certifying Physician, Dr. Nichols His Residence, Stamford Vt
 Place of burial, Stamford Vt Cemetery, Lot or Grave No. _____ Section No. _____
 Funeral Services at Home of Spencer officiating
 Time of Services, 2:30 P.M. Dec 14 '08
 Date of Interment, Dec. 14 1908

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>62</u>	Candles, <u>None</u>
Size, <u>6/6</u> Made by <u>Filoume</u>	Gloves, <u>6 Pr. Black</u>
Lining, <u>White</u>	Hearse to <u>Stamford Cemetery</u>
Handles, <u>Sil</u>	Carriage for _____
Plate, <u>"</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Wool clothes</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>E sco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Louis Kimpton</u>
Cemetery Fee, _____	Bill charged to _____

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 95

Total to Date 343

FOR THE FUNERAL OF

Sarah Quinn

Date of Death, Dec. 14 1908 Color White Age 21 Years. 0 Months. 0 Days.

Name of Deceased, Sarah Quinn

Place of death, Boston Mass Street, St Elizabeths Hospital Ward No.

Residence, No. Adams Mass Sex, female Single, Single Married,

Occupation, Domestic Wife of

Birth-place, Ireland Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother, Her Birth-place, *

Cause of death, Primary, admissions from Duration,

Cause of death, Secondary, previous operation Duration,

Certifying Physician, His Residence,

Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at St Francis

Time of Services, 9 A.M. Dec 16 '08

Date of Interment, Dec 16 1908

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>White Plush</u>	Candles, <u>3 lbs. p's</u>
Size, <u>6/9</u> Made by	Gloves, <u>6 Pairs White</u>
Lining, <u>White</u>	Hearse to, <u>Hillside Cemetery</u>
Handles, <u>Nil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>White Cash</u>	Carriages at Funeral, <u>Seven</u>
Preserving Body with	Death Notices in, <u>Dailies</u>
Washing and Dressing, <u>Grain Order</u>	
Shaving	
Services	
Use of Chairs	Goods ordered by, <u>Patrick Quinn</u>
Cemetery Fee	Bill charged to, <u>" "</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 96

Total to Date 344

FOR THE FUNERAL OF

female Infant of Moses Lavigneau

Date of Death, Dec. 27 1905 Color White Age 2 Years. 2 Months. 2 Days.

Name of Deceased, female infant of Moses Lavigneau

Place of death, No. Adams. Street, 6 River St Ward No.

Residence, None. Sex, female. Single, Married,

Occupation, None. Wife of

Birth-place, No. Adams Mass. Widow of

Name of Father, Moses Lavigneau His Birth-place, * Ansath Hooks N.Y.

Maiden Name of Mother, Minnie Millotte Her Birth-place, * No. Adams Mass.

Cause of death, Primary, Stillborn Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr. A. Brosseau. His Residence,

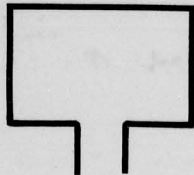
Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. 780 on top of Head Section No. Free

Funeral Services at None

Time of Services,

Date of Interment, Apr. 2 5 1907

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. H. 29.			Candles,		
Size, Made by D. J. J.			Gloves,		
Lining,			Hearse to Cemetery		
Handles,			Carriage for		
Plate,			" "		
Outside Box,			" "		
Burial robe,			Carriages at Funeral,		
Preserving Body with			Death Notices in		
Washing and Dressing,					
Shaving,					
Services,					
Use of Chairs,			Goods ordered by Moses Lavigneau		
Cemetery Fee,			Bill charged to		

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 1Total to Date 345

FOR THE FUNERAL OF

Mary Gladys King

Date of Death, Jan 5 1909 Color White Age 11 Years. Months. Days.

Name of Deceased, Mary Gladys King

Place of death, No. Adams Street, 28 Krazie Ward No.

Residence, " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, Edward King His Birth-place, * No. Adams

Maiden Name of Mother, Mary Blinn Her Birth-place, * "

Cause of death, Primary, Probabal. convulsions Duration,

Cause of death, Secondary, catarrh night Duration,

Certifying Physician, Dr. A. Brown His Residence,

Place of burial, No. Adams Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services, "

Date of Interment, Jan 5 in Tomb 1909

Diagram of Burial Lot.

Put in the Diagram one mark like this ■ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 0142</u>	Candles, <u>None</u>
Size, <u>2/0</u> Made by <u>F. L. Laine</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u>"</u>
Handles, <u>Lil</u>	Carriage for <u>"</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Own dress</u>	Carriages at Funeral, <u>"</u>
Preserving Body with <u>"</u>	Death Notices in <u>Whites</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Edward King</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

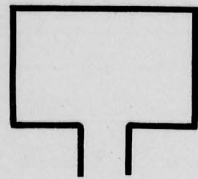
Yearly No. 2

FOR THE FUNERAL OF

Total to Date 346

Nora M^c Connell

Date of Death, January 14 1909 Color White Age { Years. Months Days. 1/2
Name of Deceased, Nora M^c Connell
Place of death, No. Adams 315 State Road Ward No.
Residence, " " Sex, female Single, Married,
Occupation, None Wife of
Birth-place, No. Adams Widow of
Name of Father, John M^c Connell His Birth-place, * Williamstown N. Y.
Maiden Name of Mother, Jane M^c Connell Her Birth-place, Ireland
Cause of death, Primary, Congenital Duration,
Cause of death, Secondary, Heart Disease Duration,
Certifying Physician, William Galvin His Residence, Blackington
Place of burial, No. Adams St Joseph's Cemetery, Lot or Grave No. Section No.
Funeral Services at None
Time of Services, "
Date of Interment, 1909
Diagram of Burial Lot. {
† State whether White or Black. * Insert Town and State.



Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

Casket or Coffin Number, P. K. 29	Candles, None
Size, 2 1/4 Made by Killy	Gloves, "
Lining, White	Hearse to, " Cemetery
Handles, Lamb	Carriage for, "
Plate, None	" " "
Outside Box, Pine	" " "
Burial robe, Own Clothes	Carriages at Funeral, "
Preserving Body with, None	Death Notices in, "
Washing and Dressing, "	
Shaving, "	
Services, "	
Use of Chairs, "	Goods ordered by, Mrs. Lannon
Cemetery Fee, "	Bill charged to, John M ^c Connell

DR.

CR.

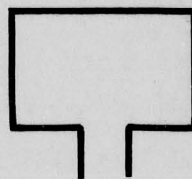
RECORD AND BILL OF ITEMS

Yearly No. 3Total to Date 347

FOR THE FUNERAL OF

Esther Russell

Date of Death, January 16 1909 Color White Age 67 Years.
 Name of Deceased, Esther Russell Months.
 Days.
 Place of death, No Adams Mass Street, 184 Prospect Ward No.
 Residence, " " " Sex, Single, Married,
 Occupation, Housewife Wife of Albert Russell
 Birth-place, Poughkeepsie N.Y. Widow of.
 Name of Father, David Rice His Birth-place, * Unknown
 Maiden Name of Mother, Unknown Her Birth-place, *
 Cause of death, } Primary, Cerebral Hemorrhage Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, M. M. Brown His Residence,
 Place of burial, No Adams So. River Cemetery, Lot or Grave No. Section No.
 Funeral Services at Comsky's Chapel
 Time of Services, 2.30 P.M., Jan. 19
 Date of Interment, 190

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>crap coffin</u>	Candles, <u>None</u>
Size, <u>6/8</u> Made by <u>Bristol</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>Hillside Tomb Cemetery</u>
Handles, <u>Sil</u>	Carriage for
Plate, <u>None</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, <u>None</u>
Preserving Body with	Death Notices in <u>Dailies</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>E. E. Russell</u>
Cemetery Fee,	Bill charged to <u>City of No Adams</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 5Total to Date 349

FOR THE FUNERAL OF

Alfred G. Garsa

Date of Death, January 23 1909 Color White Age { 27 Years. 27 Months. 27 Days.

Name of Deceased, Alfred G. Garsa

Place of death, No Adams Street, Rands Lane Ward No.

Residence, No Adams Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Mass Widow of

Name of Father, James Garsa His Birth-place, *

Maiden Name of Mother, Adel Marrison Her Birth-place, *

Cause of death, { Primary, Duration,

Cause of death, { Secondary, Duration,

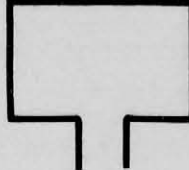
Certifying Physician, Dr. Matte His Residence, Church St

Place of burial, No Adams So. View Cemetery, Lot or Grave No. 586 Section No. Free

Funeral Services at None

Time of Services,

Date of Interment, 1909

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

Casket or Coffin Number, <u>P. H. 29</u>	Candles, <u>1 lb.</u>
Size, <u>2 1/2</u> Made by <u>Kowley</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u></u>
Handles, <u>Leant</u>	Carriage for <u>family</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Wool dress</u>	Carriages at Funeral, <u>1</u>
Preserving Body with <u></u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>James Garsa</u>
Cemetery Fee, <u></u>	Bill charged to <u></u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to Date 380

Infant of Dominica Brunica

Date of Death, Jan 23 1909 Color † White Age { Years.
Months.
Days.

Name of Deceased, Female Infant of Mr & Mrs Brunica

Place of death, No Adams, Street, 5 Savory Place Ward No.

Residence, " " Sex, female Single, Single, Married,

Occupation, None Wife of

Birth-place, No Adams, Widow of

Name of Father, Dominica Brunica His Birth-place, * Italy

Maiden Name of Mother, Mary Buller Her Birth-place, *

Cause of death, Primary, Stillborn Duration,

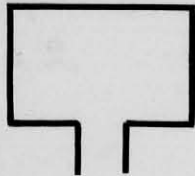
Cause of death, Secondary, Duration,

Certifying Physician, Dr. F. M. Grath His Residence, Holden

Place of burial, No Adams, Sohier Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services, " "

Date of Interment, Jan 25 1909 Diagram of Burial Lot. } 

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, PK 29 Candles, None

Size, 2 1/2 Made by Woolly Gloves, " "

Lining, White Hearse to " Cemetery

Handles, None Carriage for " "

Plate, " " " "

Outside Box, " Carriages at Funeral, " "

Burial robe, None Clothes Death Notices in " "

Preserving Body with

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee, Goods ordered by Dr. F. M. Grath am
Bill charged to City No. Adams

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 7

FOR THE FUNERAL OF

Total to Date 3 51

Bridget Meade

Date of Death, January 24 1909Color White Age 58 Years. Months. Days.Name of Deceased, Bridget MeadePlace of death, No. Adams Mass.Street, 920 Houghton, Ward No.

Residence, " " " "

Sex, female Single, Widowed Married,Occupation, None

Wife of

Birth-place, IrelandWidow of Michael MeadeName of Father, James WelchHis Birth-place, * IrelandMaiden Name of Mother, Bridget Dillon

Her Birth-place, *

Cause of death, } Primary, Endocarditis

Duration,

Cause of death, } Secondary,

Duration,

Certifying Physician, E. E. Russell

His Residence,

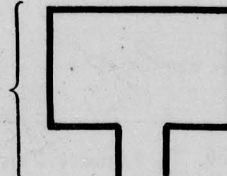
Place of burial, No. Adams St. Joseph's

Cemetery, Lot or Grave No.

Section No.

Funeral Services at, St. FrancisTime of Services, 9 A M Jan 26 '09Date of Interment, Jan 26 1909

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, Drop Side manifold
B lack
 Size, 6/6 Made by Ant. Trust Co
 Lining, White Silk
 Handles, Side. Ester
 Plate, Ch.
 Outside Box, Christmast
 Burial robe, Black Cash
 Preserving Body with Esco
 Washing and Dressing,

Shaving,

Services, St Francis

Use of Chairs,

Cemetery Fee,

Candles, 8 lbs
 Gloves, 6 P. black
 Hearse to St Joseph's Cemetery
 Carriage for,

" "

" "

Carriages at Funeral, 8 x 3 seater
 Death Notices in Lailies
 Goods ordered by Michael V. Meade
 Bill charged to " " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 11Total to Date 1355

FOR THE FUNERAL OF

Julia Murray

Date of Death, Feb 2 1909 Color White Age 58 Years. 58 Months. 58 Days.

Name of Deceased, Julia Murray

Place of death, No Adams Street, Ballou Ward No.

Residence, Sex, female Single, Married, married

Occupation, Widow Wife of Marshall Murray

Birth-place, Morey N.J. Widow of

Name of Father, Peter Nor His Birth-place, * Canada

Maiden Name of Mother, Evelyn Tibbert Her Birth-place, * "

Cause of death, } Primary, Cancer of Stomach Duration,

Cause of death, } Secondary, Duration,

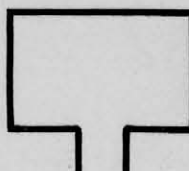
Certifying Physician, E. E. Russell His Residence, River

Place of burial, No Adams Cemetery, Lot or Grave No. Section No.

Funeral Services at, Noted House

Time of Services, 9 A M Feb 4 '09

Date of Interment, Feb 4 1909

Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

Casket or Coffin Number, <u>Crate like # 62</u>	Candles, <u>6 lbs</u>
Size, <u>5/9</u> Made by <u>B. B. Co.</u>	Gloves, <u>6 P. Black</u>
Lining, <u>White</u>	Hearse to, <u>Tomb</u> Cemetery <u></u>
Handles, <u>Nickel</u>	Carriage for, <u>1</u>
Plate, <u>Sil</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Wool Dress</u>	Carriages at Funeral, <u>4</u>
Preserving Body with, <u>Esco</u>	Death Notices in, <u>Clarke's</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by, <u>Marshall Murray</u>
Cemetery Fee, <u></u>	Bill charged to, <u></u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 12

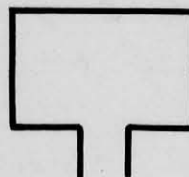
FOR THE FUNERAL OF

Total to Date 1256

Alice Cantoni

Date of Death, Feb. 2 1909 Color † White Age { 20 Years.
 Name of Deceased, Alice Cantoni
 Place of death, No. Adams Street, 124 State St. Ward No.
 Residence, " " Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, Italy Widow of
 Name of Father, Peter Cantoni His Birth-place, * Italy
 Maiden Name of Mother, Rosy Archellio Her Birth-place, *
 Cause of death, { Primary, Pul. Tuberculosis Duration, 2 yrs.
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Dr. Marco His Residence, Summer,
 Place of burial, No. Adams St. Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Anthony of Padua
 Time of Services, 10:30 A.M. Feb. 4 '09
 Date of Interment, Feb. 4 1909

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 60	Candles, 4 lbs.
Size, 6 1/2 Made by Florence	Gloves, 6 Pr. White
Lining, White	Hearse to Tomb Cemetery
Handles, Nickel	Carriage for
Plate, Sil	" "
Outside Box, Pine	" "
Burial robe, Blue dress	Carriages at Funeral, 10
Preserving Body with Escor.	Death Notices in Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Peter Cantoni
Cemetery Fee,	Bill charged to " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 13Total to Date 357

FOR THE FUNERAL OF

Bryan MackseyDate of Death, Feb. 4 1909 Color White Age 23 Years. Months. Days.Name of Deceased, Bryan MackseyPlace of death, No. Adams Street, 91 Cornth St. Ward No.Residence, " Sex, Male Single, Single Married,Occupation, Clerk Wife ofBirth-place, No. Adams Mass Widow ofName of Father, John Macksey His Birth-place, * Hoosick N. Y.Maiden Name of Mother, Catharine D. Connell Her Birth-place, * Williamstown MassCause of death, { Primary, Pul. Tuberculosis, Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, Dr. Riley His Residence,Place of burial, No. Adams Cemetery, Lot or Grave No. Section No.Funeral Services at St. FrancisTime of Services, Feb. 6 9 A.M. '09Date of Interment, Feb. 6 1909

Diagram of Burial Lot. }

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>316.3 1/2</u>	Candles, <u>6 lbs</u>
Size, <u>1/8</u> Made by <u>Florence</u>	Gloves, <u>6 Pr. Grey</u>
Lining, <u>White</u>	Hearse to <u>Tomb</u> Cemetery
Handles, <u>Sil</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Wool Clothes</u>	Carriages at Funeral, <u>8</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by <u>Mrs Macksey</u>
Cemetery Fee	Bill charged to <u>John Macksey</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to Date 358

Mathew P Ryan

Date of Death, Feb 5 1909 Color † White Age { 60 Years.
 Name of Deceased, Mathew P. Ryan { Months
 Place of death, No Adams Street, 59 Glen Ave Ward No. Days.
 Residence, " " Sex, Male Single, Married, Widowed
 Occupation, Retired Wife of
 Birth-place, Ireland Widow of
 Name of Father, Patrick Ryan His Birth-place, * Ireland
 Maiden Name of Mother, * Noa Grady Her Birth-place, *
 Cause of death, { Primary, Arterio Sclerosis Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, C. J. Curran His Residence,
 Place of burial, Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis
 Time of Services, Feb, 7, '09
 Date of Interment, " 7 " 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 74	Candles, 6 lbs.
Size, 6/0 Made by, National	Gloves, 6 Pr. Black
Lining, White	Hearse to, Hillside Cemetery
Handles, Sil. Extern	Carriage for
Plate, Sil	" "
Outside Box, Chestnut	" "
Burial robe, Undress	Carriages at Funeral, 7
Preserving Body with, Esco,	Death Notices in, Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Patrick Ryan,
Cemetery Fee,	Bill charged to,

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 15

Total to Date 358

FOR THE FUNERAL OF

Lloris Mack

Date of Death, Feb 5 1909 Color White Age { 7 Years.
 2 Months.
 Days.
 Name of Deceased, Lloris Mack.
 Place of death, No Adams Street, Freeman Ave Ward No.
 Residence, " " Sex, female Single, Single Married,
 Occupation, Nurse Wife of
 Birth-place, No Adams Mass. Widow of
 Name of Father, Patrick Mack His Birth-place, * No Adams
 Maiden Name of Mother, Elizabeth Buckley Her Birth-place, * Cheshire
 Cause of death, { Primary, Cerebral meningitis Duration, 2 days
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. C. J. Curran His Residence,
 Place of burial, No Adams Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis
 Time of Services, 2 P.M. Feb 7 09
 Date of Interment, Feb 7 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 53	Candles, 4 lbs
Size, 4/3 Made by Florence	Gloves, 6 P. White
Lining, White	Hearse to Tomb Cemetery
Handles, Sil	Carriage for
Plate, "	" "
Outside Box, Pins	" "
Burial robe, Green Dress	Carriages at Funeral, 5
Preserving Body with Esco	Death Notices in Lloris
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Patrick Mack
Cemetery Fee,	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to Date 359

James Wall

Date of Death, Feb. 9 1909 Color White Age { 4 Years. 4 Months. 4 Days.

Name of Deceased, James Wall

Place of death, No Adams Street, 65 Hall St. Ward No.

Residence, " " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Widow of

Name of Father, James Wall His Birth-place, * No Adams

Maiden Name of Mother, Mattie Condon Her Birth-place, * Williamsburg Mass

Cause of death, { Primary, Broncho Pneumonia Duration, 2 days

Cause of death, { Secondary, " Duration, "

Certifying Physician, C. J. Curran His Residence, Eagle St.

Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services, "

Date of Interment, Feb. 10 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number, 6-3	Candles,
Size, 2 1/2 Made by F. L. Lorne	Gloves,
Lining, White	Hearse to Cemetery
Handles, Sil	Carriage for
Plate,	" "
Outside Box, Pine	" "
Burial robe, Own Clothes	Carriages at Funeral,
Preserving Body with	Death Notices in Daily's
Washing and Dressing,	Goods ordered by James E. Wall
Shaving,	Bill charged to " " " " " "
Services,	
Use of Chairs,	
Cemetery Fee,	

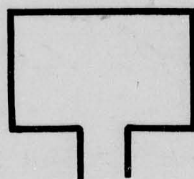
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 17Total to Date 360

FOR THE FUNERAL OF

Catharine ParkhurstDate of Death, Feb. 11 1909 Color White Age 54 Years. 0 Months. 0 Days.Name of Deceased, Catharine ParkhurstPlace of death, No Adams Street, 5 Hitchcock Place Ward No. 0Residence, " " Sex, female Single, Married Married, MarriedOccupation, None Wife of Albert B. ParkhurstBirth-place, Hancock Mass Widow of "Name of Father, Archib. Michaels His Birth-place, IrelandMaiden Name of Mother, Hannah M. Kay Her Birth-place, "Cause of death, Primary, Heart Disease Duration, "Cause of death, Secondary, " Duration, "Certifying Physician, Dr. M. G. G. G. His Residence, HoldenPlace of burial, No Adams Cemetery, Lot or Grave No. " Section No. "Funeral Services at St. FrancisTime of Services, 9 A. M. Feb. 13, 09Date of Interment, Feb. 13 1909Diagram of
Burial Lot. }Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 200</u>	Candles, <u>2 lbs.</u>
Size, <u>6/6</u> Made by <u>Natural</u>	Gloves, <u>4 pair black</u>
Lining, <u>White</u>	Hearse to <u>Hillside Tomb</u> Cemetery
Handles, <u>Nickel</u>	Carriage for <u>"</u>
Plate, <u>Sil</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Wool Dress</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Albert Parkhurst</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to Date 361

William J. Dalton

Date of Death, Feb. 14 1909 Color † White Age { 54 Years.
— Months
— Days

Name of Deceased, William J. Dalton

Place of death, No Adams

Street, 11 Bryant St

Ward No.

Residence,

Sex, Male

Single,

Married, Married

Occupation,

Labour

Wife of

Birth-place,

Ireland

Widow of

Name of Father,

Louise Dalton

His Birth-place, *

Ireland

Maiden Name }
of Mother, }

Unknown

Her Birth-place, *

"

Cause of death, }

Primary, Lea Gripp

Duration,

Cause of death, }

Secondary, Pneumonia

Duration,

Certifying Physician,

Dr. Riley

His Residence,

Main St

Place of burial,

Pittsfield Mass St Joseph's Cemetery

Lot or Grave No.

Section No.

Funeral Services at

9:30 A.M. St Francis

Time of Services,

9:30 A.M. Feb. 17 1909

Date of Interment,

Feb. 17

1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number, # 83

Size, 6/0

Made by

National

Lining,

White

Handles,

Brass

Plate,

"

Outside Box,

Chestnut

Burial robe,

Wool Suit

Preserving Body with

Esco

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

70 lbs.

Gloves,

6 P. Black

Hearse to

Lafayette

Cemetery

Carriage for

" "

" "

Carriages at Funeral,

7 & 8 seater

Death Notices in

Lafayette

Goods ordered by

Sister St Luke

Bill charged to

Mrs Dalton

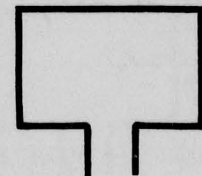
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 19Total to Date 962

FOR THE FUNERAL OF

Frank H EastmanDate of Death, Feb 15 1909 Color White Age 58 Years. Months. Days.Name of Deceased, Frank H EastmanPlace of death, No Adams Street, 913 River St Ward No. Residence, " Sex, Male Single, Widowed Married, Occupation, Laabored Wife of Birth-place, Boston Mass Widow of Name of Father, Walter Eastman His Birth-place, * EnglandMaiden Name of Mother, Unknown Her Birth-place, * Cause of death, Primary, Chronic Nephritis Duration, Cause of death, Secondary, Duration, Certifying Physician, Dr Russell His Residence, Place of burial, No Adams Cemetery, Lot or Grave No. Section No. Funeral Services at HomeTime of Services, Date of Interment, Feb 17 1909Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>62</u>	Candles, <u>None</u>
Size, <u>6/9</u> Made by <u>Florence</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>Hillside Tomb</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u> </u>
Plate, <u>"</u>	" " <u> </u>
Outside Box, <u>Pine</u>	" " <u> </u>
Burial robe, <u>Best Cash</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u>Ess</u>	Death Notices in <u>Mail</u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Walter Eastman</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 20

FOR THE FUNERAL OF

Total to Date 363

Wladislaw Kordeck

Date of Death, Feb. 15 1909 Color White Age { 2 Years. 4 Months. Days.

Name of Deceased, Wladislaw Kordeck

Place of death, No Adams Street, 66 Willowdell Ward No. _____

Residence, _____ Sex, male Single, Single Married, _____

Occupation, None Wife of _____

Birth-place, No Adams Widow of _____

Name of Father, Julius Kordeck His Birth-place, * Russia

Maiden Name of Mother, Mary Gollow Her Birth-place, * _____

Cause of death, { Primary, Pneumonia Duration, _____

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, Dr. Grogan His Residence, Summer St

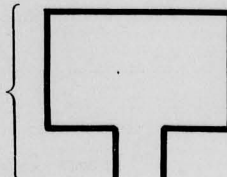
Place of burial, No Adams Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at None

Time of Services, _____

Date of Interment, Feb. 16 1909

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>013</u>	Candles, <u>2 1/2 lbs</u>
Size, _____ Made by <u>F. L. L. L.</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>White Hearse to Tomb</u> Cemetery
Handles, <u>Sil</u>	Carriage for _____
Plate, <u>Wm Darling</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, _____	Carriages at Funeral, <u>One</u>
Preserving Body with _____	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Julius Kordeck</u>
Cemetery Fee, _____	Bill charged to _____

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to Date 365-

Michael Doyle

Date of Death, Feb. 15 1909 Color † White Age { 76 Years.
— Months
— Days.

Name of Deceased, Michael Doyle

Place of death, No. Adams Street, 76 Broad St. Ward No.

Residence, 76 Beaver " Sex, Male Single, — Married, Widowed

Occupation, Seaboard Wife of

Birth-place, Ireland. Widow of

Name of Father, James Doyle. His Birth-place, * Ireland.

Maiden Name of Mother, Unknown Her Birth-place, *

Cause of death, { Primary, myocarditis Duration,

Cause of death, { Secondary, Duration,

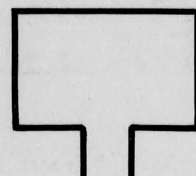
Certifying Physician, C. J. Curran. His Residence, Eagle St.

Place of burial, Bennington Vt. Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis.

Time of Services, 2:30 PM

Date of Interment, July 18 1909

Diagram of
Burial Lot. }Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 7860		Candles, 7 lbs.	
Size, 6/0 Made by Mat		Gloves, 6 Pr. black	
Lining, fine silk		Hearse to Depot Cemetery	
Handles, 00		Carriage for	
Plate, "		" "	
Outside Box, chestnut		" "	
Burial robe, am suit		Carriages at Funeral, 6-	
Preserving Body with, Ecorce arterial & cavity		Death Notices in, Herald	
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs, 24		Goods ordered by, Miss Doyle	
Cemetery Fee,		Bill charged to, "	

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to Date 36.6

William A. Collins

Date of Death, Feb. 20 1909 Color White Age { 38 Years.
 Name of Deceased, William A. Collins Months.
 Days.

Place of death, No. Adams Hospital Street, Ward No.

Residence, 291 River St. No. Adams Sex, male Single, Single Married,

Occupation, Machinist Wife of

Birth-place, No. Adams Mass Widow of

Name of Father, Thomas Collins His Birth-place, * Stockport N. J.

Maiden Name of Mother, Catharine Rice Her Birth-place, * Ireland

Cause of death, Primary, Sclerosis of Liver Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr. F. M. G. His Residence,

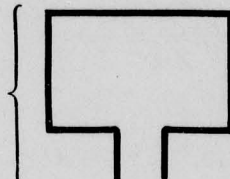
Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at, St. Francis

Time of Services, 9:45 A. M. Feb. 22 '09

Date of Interment, Feb. 22 1909

Diagram of
Burial Lot.



Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 7342	Candles, 4 lbs
Size, 6/8 Made by, National	Gloves, 6 P. Grey
Lining, White	Hearse to, So. View Cemetery
Handles, Old silk belt	Carriage for,
Plate, " "	" "
Outside Box, Chestnut	" "
Burial robe, New Cloth	Carriages at Funeral, 4
Preserving Body with, Esco	Death Notices in, Waikiki
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, James Collins
Cemetery Fee,	Bill charged to, " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 25

Total to Date 368

FOR THE FUNERAL OF

Patrick J. Kelly

Date of Death, Feb. 20 1909 Color † White Age { 4 Years. 4 Months. 4 Days.

Name of Deceased, Patrick J. Kelly

Place of death, No. Adams Street, 20 Adams Ward No.

Residence, " " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Mass Widow of

Name of Father, Patrick Kelly His Birth-place, * Ireland

Maiden Name of Mother, Mary Foyler Her Birth-place, *

Cause of death, Primary, Broncho Pneumonia Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr. H. F. McGeath His Residence,

Place of burial, No. Adams St Josephs Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services, " "

Date of Interment, Feb. 21 1909

Diagram of Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, #12	Candles, 1 set
Size, 2 1/2	Gloves, None
Lining, White	Hearse to None Cemetery
Handles, Lamb.	Carriage for
Plate, Rev. Darling.	" "
Outside Box, Pine	" "
Burial robe, None Dress	Carriages at Funeral, None
Preserving Body with, Esco	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Patrick J. Kelly
Cemetery Fee,	Bill charged to, " " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to Date 369

Date of Death, Feb. 22 1909 Color White Age 38 Years.
 Name of Deceased, Mary Vigurs _____ Months _____ Days.
 Place of death, No Adams Street, 161 Houghton St Ward No. _____
 Residence, " " Sex, female Single, _____ Married, married
 Occupation, None Wife of John Vigurs
 Birth-place, St Johns N. Fi. Widow of _____
 Name of Father, Patrick Casey His Birth-place, * St John's N. Fi.
 Maiden Name } Elizabeth Fagan Her Birth-place, * " " "
 Cause of death, } Primary, Carcinoma of Stomach Duration, _____
 Cause of death, } Secondary, operation Duration, 7 mos.
 Certifying Physician, Dr. Forrester His Residence, _____
 Place of burial, No. Adams St Joseph's Cemetery, Lot or Grave No. 61 Section No. Single
 Funeral Services at St Francis
 Time of Services, 2.30, P.M. Feb. 23'09.
 Date of Interment, Feb. 23 1909

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, 1219
Size, 5/9 Made by National
Lining, White
Handles, Nickel
Plate, Sil
Outside Box, Pine
Burial robe,
Preserving Body with Essar
Washing and Dressing,
Shaving,
Services,
Use of Chairs,
Cemetery Fee,

Candles,.....
Gloves,..... *6 Pr. Black*
Hearse to..... *Hillside* Cemetery
Carriage for.....
" ".....
" ".....
Carriages at Funeral,..... *3*
Death Notices in..... *Mailies*
.....
.....
.....
Goods ordered by..... *John Vige*
Bill charged to..... " " " "

Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus: 

DR.

CR.

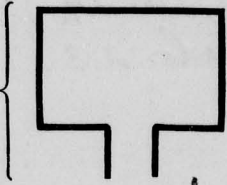
RECORD AND BILL OF ITEMS

Yearly No. 27Total to Date 370

FOR THE FUNERAL OF

Gerrivord Fisher DayDate of Death, Feb. 26 1909 Color White Age { 1 Years.
2 Months.
26 Days.Name of Deceased, Gerrivord Fisher DayPlace of death, No. Adams Mass. Street, 88 Liberty St. Ward No.Residence, " " " Sex, female Single, single Married,Occupation, None Wife ofBirth-place, No. Adams Mass. Widow ofName of Father, Earl E. Day His Birth-place, * ClarksburgMaiden Name of Mother, Joanna Martin Her Birth-place, * Windsor ScotlandCause of death, { Primary, Acute Nephritis Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, Dr. C. J. Curran His Residence, Eagle St.Place of burial, No. Adams Cemetery, Lot or Grave No. Section No.Funeral Services at HouseTime of Services, 2:30 P.M. Feb. 27, 09Date of Interment, Feb. 27 1909 Diagram of Burial Lot. { Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 5</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>F. Lormer</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u>"</u>
Handles, <u>Leamb.</u>	Carriage for <u>"</u>
Plate, <u>None</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Over dress</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u>Fridgid</u>	Death Notices in <u>Wailis</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Earl E. Day</u>
Cemetery Fee,	Bill charged to <u>" " "</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to Date 371

Lillian May Hayton

Date of Death, No. Adams Feb 27 1909 Color † White Age { 28 Years.
 Name of Deceased, Lillian May Hayton
 Place of death, No. Adams Mass Street, Spruce Place Ward No.
 Residence, " " " Sex, female Single, Married, Married
 Occupation, Nurse Wife of Frank Hayton
 Birth-place, No. Adams Widow of
 Name of Father, Amos Pico His Birth-place, * France
 Maiden Name of Mother, Edna Mahalle Pico Her Birth-place, * No. Adams
 Cause of death, { Primary, Eremania Duration, Several months
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Stafford His Residence,
 Place of burial, Hillside Tomb Cemetery, Lot or Grave No. Section No.
 Funeral Services at Home Spruce officiating
 Time of Services, 10 A.M. Mar. 1 09
 Date of Interment, Mar. 1 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 445 1/2	Candles, 4 lbs.
Size, 5/9 Made by B.B. & Co.	Gloves, 4 Pr. Grey
Lining, White	Hearse to Hillside Cemetery
Handles, Sil	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Gray Br. Cloth	Carriages at Funeral, 3
Preserving Body with Esco	Death Notices in, 10 Lines
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Carrie Leuthel
Cemetery Fee,	Bill charged to, "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 29

Total to Date 372

FOR THE FUNERAL OF

Emma Barslow

Date of Death, Mar 2 1909 Color White Age 21 Years.
 Name of Deceased, Emma Barslow Months.
 Days.

Place of death, No Adams Street, 4 Spry Ave Ward No.

Residence, " " Sex, Female Single, Single Married,

Occupation, Mill Hand Wife of

Birth-place, Redford N. Y. Widow of

Name of Father, Frank Barslow His Birth-place, * Redford N. Y.

Maiden Name of Mother, Caroline Trombly Her Birth-place, * " "

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, W. K. F. M. G. G. G. His Residence, Holden

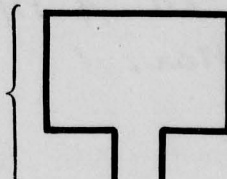
Place of burial, No Adams So Union Cemetery, Lot or Grave No. Section No.

Funeral Services at Notre Dame

Time of Services, 9 A. M. Mar 4 '09

Date of Interment, Mar 4 1909

Diagram of
Burial Lot. }



Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>41</u>	Candles, <u>6 lbs</u>
Size, <u>5/9</u> Made by <u>F. L. M.</u>	Gloves, <u>6 P. White</u>
Lining, <u>White</u>	Hearse to <u>Hillside Tomb</u> Cemetery
Handles, <u>Nickel</u>	Carriage for <u>family</u>
Plate, <u>Sil</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Blue Dress</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u>Ecco</u>	Death Notices in <u>2 dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Mrs Barslow</u>
Cemetery Fee, <u></u>	Bill charged to <u>" "</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 30

Total to Date 973

FOR THE FUNERAL OF

Date of Death, May 5, 1909 Color ~~White~~ Age { 8 Years.

Name of Deceased, Julia Sherry { 4 Months.

Place of death, No. Adams Street, #2 Rock St. Ward No.

Residence, " " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams. Widow of

Name of Father, John Sherry His Birth-place, * Ireland.

Maiden Name of Mother, Ann Hickey Her Birth-place, * "

Cause of death, { Primary, Pneumonia Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, Riley His Residence,

Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Francis

Time of Services, 2.30 P. M.

Date of Interment, / 190

Diagram of
Burial Lot.Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 4/6 H 5	Candles, 4 lbs
Size, 4/6 Made by Filomena	Gloves,
Lining, White	Hearse to White St. Cemetery
Handles, Sil	Carriage for,
Plate, Sil	" "
Outside Box, Pine	" "
Burial robe, Brown dress	Carriages at Funeral, 7
Preserving Body with, Esson	Death Notices in, Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, John Sherry
Cemetery Fee,	Bill charged to, " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 31Total to Date 374

FOR THE FUNERAL OF

Mary Elizabeth Lynch

Date of Death, Mar 6 1909 Color White Age 4 Years. 5 Months. 5 Days.

Name of Deceased, Mary E Lynch

Place of death, No Adams Street, Main St Wilson Hotel Ward No.

Residence, " Sex, Female Single, Single Married,

Occupation, Nurs Wife of

Birth-place, No Adams Mass Widow of

Name of Father, William Lynch His Birth-place, * Hoosick Falls N.Y.

Maiden Name of Mother, Nellie Swinney Her Birth-place, * Fitchburg Mass

Cause of death, { Primary, Pneumonia Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, Dr Crofts His Residence, Main St

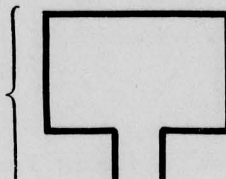
Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at Nurs

Time of Services, "

Date of Interment, Mar 8 1909

Diagram of
Burial Lot. }



Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>155</u>	Candles, <u>7 lbs</u>
Size, <u>2 1/2</u> Made by <u>Filance</u>	Gloves, <u>Nurs</u>
Lining, <u>White</u>	Hearse to <u>Nurs</u> Cemetery <u></u>
Handles, <u>Sil</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Christnut</u>	" " <u></u>
Burial robe, <u>Union Dress</u>	Carriages at Funeral, <u>0</u>
Preserving Body with <u>Esko</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>William Lynch</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

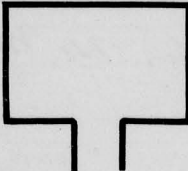
RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to Date 375

John Gage

Date of Death, *Mar 7* 190*9* Color *White* Age { *3* Years.
 Name of Deceased, *John Gage* Months
 Place of death, *No. Adams* Street, *51 Willow St.* Ward No. *1* Days.
 Residence, *"* Sex, *Male* Single, *Single* Married,
 Occupation, *None* Wife of
 Birth-place, *No. Adams* Widow of
 Name of Father, *John Gage* His Birth-place, * *Russia*
 Maiden Name of Mother, *Ann's Polovich* Her Birth-place, *
 Cause of death, { Primary, *Bronchitis* Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, *Dr. Curran* His Residence, *Eagle St.*
 Place of burial, *No. Adams* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *None*
 Time of Services, *"*
 Date of Interment, *Mar 5* 190*9* Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>Blush Couch Casket</i>	Candles, <i>2 lbs</i>
Size, <i>2/6</i> Made by <i>Felovance</i>	Gloves, <i>None</i>
Lining, <i>White</i>	Hearse to <i>"</i> Cemetery
Handles, <i>Sil</i>	Carriage for <i>family</i>
Plate, <i>"</i>	" " "
Outside Box, <i>Pine</i>	Carriages at Funeral, <i>2</i>
Burial robe, <i>Wool/Hues</i>	Death Notices in <i>Waltham</i>
Preserving Body with <i>Fridgic</i>	
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>John Gage</i>
Cemetery Fee,	Bill charged to <i>"</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 33Total to Date 376

FOR THE FUNERAL OF

Rosay Cattolotto

Date of Death, Mar. 7 1909 Color White Age 1 Years. 1 Months. 1 Days.

Name of Deceased, Rosay Cattolotto

Place of death, No. Adams Hospital Street, Ward No.

Residence, 9 Francis St. No. Adams Sex, female Single, Married

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, Paul Cattolotto His Birth-place, Italy

Maiden Name of Mother, Kathrine Reducini Her Birth-place, "

Cause of death, Primary, Acute indigestion Duration,

Cause of death, Secondary Duration,

Certifying Physician, Dr. Stafford His Residence, Scummed

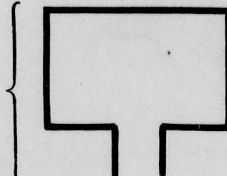
Place of burial, No. Adams, Hillside Cemetery Cemetery, Lot or Grave No. 781 Section No. Free

Funeral Services at St. Anthony's

Time of Services, 10 A. M. Mar 7

Date of Interment, 10 A. M. Mar 7 1909

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus:

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#013</u>	Candles, <u>4 lbs</u>
Size, <u>3/6</u> Made by <u>Floume</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u></u> Cemetery <u></u>
Handles, <u>Sil</u>	Carriage for <u>family</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Alon Dress</u>	Carriages at Funeral, <u>two</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Paul Cattolotto</u>
Cemetery Fee, <u></u>	Bill charged to <u>" "</u>

DR.

CR.

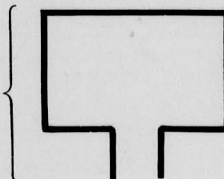
RECORD AND BILL OF ITEMS

Yearly No. 34Total to Date 378

FOR THE FUNERAL OF

Peter Larkin

Date of Death, Mar 7 1909 Color White Age { 43 Years.
 Name of Deceased, Peter Larkin { — Months
 Place of death, New York City Street, — Ward No. —
 Residence, " Sex, Male Single, — Married, Married
 Occupation, Salesman Wife of —
 Birth-place, No. Adams Widow of —
 Name of Father, — His Birth-place, * —
 Maiden Name } Her Birth-place, * —
 of Mother, }
 Cause of death, } Primary, Heart Disease Duration, —
 Cause of death, } Secondary, — Duration, —
 Certifying Physician, — His Residence, —
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at St Francis
 Time of Services, 9:30 A.M. Mar 10
 Date of Interment, Mar 10 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Solid Oak</u>	Candles, <u>4 lbs.</u>
Size, <u>6 ft</u> Made by <u>National</u>	Gloves, <u>6 Pr. Greys</u>
Lining, <u>White Satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil. Extr.</u>	Carriage for <u>—</u>
Plate, <u>"</u>	" " <u>—</u>
Outside Box, <u>Christmast</u>	" " <u>—</u>
Burial robe, <u>Wool Suit, Cash.</u>	Carriages at Funeral, <u>8</u>
Preserving Body with <u>Unknown</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>John Larkin</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>Mrs Peter Larkin</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 35Total to Date 379

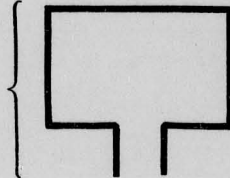
FOR THE FUNERAL OF

Noris Emily Davis

Date of Death, Mar 14 1909 Color White Age { 1 Years. 1 Months. 14 Days.

Name of Deceased, Noris Emily DavisPlace of death, No Adams Street, 41 Blackington Ward No. Residence, " Sex, female Single, Single Married, Occupation, None Wife of Birth-place, No Adams Widow of Name of Father, Am R Davis His Birth-place, * No AdamsMaiden Name of Mother, Margaret Mangan Her Birth-place, * IrelandCause of death, { Primary, Induratio Duration, four daysCause of death, { Secondary, Duration, Certifying Physician, R J Curran His Residence, Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No. Funeral Services at NoneTime of Services, Date of Interment, Mar 15 1909

Diagram of Burial Lot. }



Put in the Diagram one mark like this ☐ for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 54</u>				Candles, <u></u>			
Size, <u>2/3</u> Made by <u>Flourice</u>				Gloves, <u></u>			
Lining, <u></u>				Hearse to <u></u> Cemetery <u></u>			
Handles, <u></u>				Carriage for <u></u>			
Plate, <u></u>				" " <u></u>			
Outside Box, <u></u>				" " <u></u>			
Burial robe, <u></u>				Carriages at Funeral, <u></u>			
Preserving Body with <u></u>				Death Notices in <u></u>			
Washing and Dressing, <u></u>							
Shaving, <u></u>							
Services, <u></u>							
Use of Chairs, <u></u>				Goods ordered by <u></u>			
Cemetery Fee, <u></u>				Bill charged to <u></u>			

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 36

Total to Date 380

FOR THE FUNERAL OF

Theodore A. Gibbon

Date of Death, Mar 14 190 9 Color White Age { 11 Years.
15 Months
15 Days.

Name of Deceased, Theodore A. Gibbon

Place of death, No. Adams Street, 329 River St. Ward No. _____

Residence, " Sex, Male Single, Single Married, _____

Occupation, None Wife of _____

Birth-place, No. Adams Mass. Widow of _____

Name of Father, Thomas Gibbon His Birth-place, * Roxbury Mass.

Maiden Name of Mother, Lena Carson Her Birth-place, * Champlain N.Y.

Cause of death, { Primary, Infantile Paralysis Duration, _____

Cause of death, { Secondary, _____ Duration, _____

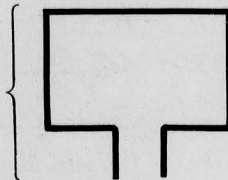
Certifying Physician, W. F. Mc. Gath His Residence, Holden St.

Place of burial, No. Adams Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at None

Time of Services, "

Date of Interment, Mar. 16 190 9

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 5</u>	Candles, <u>2 lbs.</u>
Size, <u>2 1/2</u> Made by <u>Florence</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery
Handles, <u>W. Darling</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Wool Dress</u>	Carriages at Funeral,
Preserving Body with <u>Fridgid</u>	Death Notices in <u>Mail</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Thomas Gibbon</u>
Cemetery Fee,	Bill charged to

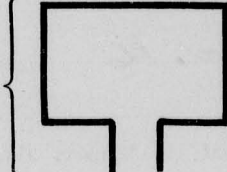
Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 37Total to Date 38

FOR THE FUNERAL OF

Charles RyanDate of Death, Mar. 16, 1909 Color White Age { — Years.
— Months.
— Days.Name of Deceased, Charles RyanPlace of death, No. Adams Street, 22 Lincoln Ward No. —Residence, " Sex, Male Single, Single Married, —Occupation, Novel Wife of —Birth-place, No. Adams Widow of —Name of Father, John H. Ryan His Birth-place, * EnglandMaiden Name of Mother, Bessie Bodigoni's Her Birth-place, * Rutland VtCause of death, { Primary, Instrument delivery Duration, —Cause of death, { Secondary, — Duration, —Certifying Physician, W. H. McGrath His Residence, —Place of burial, No. Adams Cemetery, Lot or Grave No. — Section No. —Funeral Services at NoneTime of Services, "Date of Interment, Mar. 16, 1909 Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

Casket or Coffin Number, <u># 017</u>	Candles, <u>None</u>
Size, <u>4/0</u> Made by <u>Florence</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery
Handles, <u>Imitation</u>	Carriage for <u>family</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>—</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>—</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>John Ryan</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 38

Total to Date 582

FOR THE FUNERAL OF

William J. Caprice

Date of Death, Mar. 17 1909 Color ~~White~~ Age { 4 Years.
6 Months.
19 Days.

Name of Deceased, William J. Caprice

Place of death, No. Adams, Street, 505 Union St Ward No.

Residence, " " Sex, Male, Single, Single Married,

Occupation, Nurse, Wife of

Birth-place, No. Adams, Widow of

Name of Father, John H. Caprice His Birth-place, * Bald. Mountain N. Y.

Maiden Name of Mother, Rose Murphy Her Birth-place, * Pittsfield Mass.

Cause of death, { Primary, Meningitis Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, H. J. Brown His Residence,

Place of burial, Adams, Bellevue Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, Mar. 19 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.H. casket oct,	Candles, 2 lbs.
Size, 4/0 Made by, Depledge B,	Gloves, 4 H. P. White
Lining, White	Hearse to, Bellevue Adams Cemetery
Handles, Run Harding	Carriage for,
Plate, " "	" "
Outside Box, Pine	" "
Burial robe, Run Dress	Carriages at Funeral, 4
Preserving Body with,	Death Notices in, Hailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, John Caprice
Cemetery Fee,	Bill charged to, " "

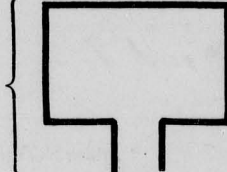
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 39Total to Date 383

FOR THE FUNERAL OF

Edward WalmsleyDate of Death, Nov. 17 1909 Color White Age { 28 Years.
Months.
Days.Name of Deceased, Edward WalmsleyPlace of death, No Adams Street, 14 Front Ward No. Residence, " Sex, Male Single, Single Married, Occupation, None Wife of Birth-place, No Adams Widow of Name of Father, Thomas Walmsley His Birth-place, * RussiaMaiden Name of Mother, Antonina Barlick Her Birth-place, * AustriaCause of death, { Primary, Broncho Pneum. Duration, Cause of death, { Secondary, Duration, Certifying Physician, E. J. Curran His Residence, EdgePlace of burial, No Adams Cemetery, Lot or Grave No. Section No. Funeral Services at NoneTime of Services, Date of Interment, Nov. 19 1909 Diagram of Burial Lot. { Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P.H. 29</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>Woolley</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>None</u> Cemetery <u></u>
Handles, <u>None</u>	Carriage for <u>None</u>
Plate, <u>None</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Wool Cloth</u>	Carriages at Funeral, <u>None</u>
Preserving Body with <u></u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>J. H. Ingraham</u>
Cemetery Fee, <u></u>	Bill charged to <u>Cty of No Adams</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 41Total to Date 386

FOR THE FUNERAL OF

Date of Death, March 23 1909 Color White Age { 40 Years.
— Months.
— Days.
 Name of Deceased, Mary J. Lawson
 Place of death, No. Adams Street, 404 State Road Ward No. —
 Residence, — Sex, — Single, — Married, —
 Occupation, None Wife of John
 Birth-place, England Widow of —
 Name of Father, John William His Birth-place, * Ireland
 Maiden Name of Mother, Ann Campbell Her Birth-place, * —
 Cause of death, { Primary, Embolism Duration, —
 Cause of death, { Secondary, — Duration, —
 Certifying Physician, Dr. M. M. Brown His Residence, Weyland
 Place of burial, No. Adams So. View Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at Blackington Mission
 Time of Services, 9 A.M. May 25
 Date of Interment, Mar 25 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>210</u>	Candles, <u>4 lbs.</u>
Size, <u>5/9</u> Made by <u>B.B. Co.</u>	Gloves, <u>6 pr. black</u>
Lining, <u>White</u>	Hearse to <u>So. View</u> Cemetery
Handles, <u>Nickel</u>	Carriage for <u>—</u>
Plate, <u>Sil</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>Mourning</u>	Carriages at Funeral, <u>Six</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Weyland</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>John Lawson</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 42Total to Date 386

FOR THE FUNERAL OF

Infant of John Dawson,

Date of Death, Mar. 23 1909 Color White Age { — Years.
— Months
— Days.

Name of Deceased, female Infant of John Dawson

Place of death, No. Adams 104 Street, State Road Ward No. —

Residence, " " Sex, female Single, Single Married, —

Occupation, Nurs Wife of —

Birth-place, No. Adams Widow of —

Name of Father, John Dawson His Birth-place, * —

Maiden Name of Mother, Mary J. Flynn Her Birth-place, * England

Cause of death, { Primary Still born Duration, —

Cause of death, { Secondary — Duration, —

Certifying Physician, M. M. Brown His Residence, —

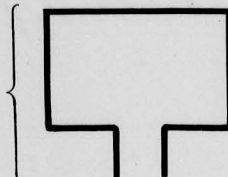
Place of burial, No. Adams So. View Cemetery, Lot or Grave No. — Section No. —

Funeral Services at Nurs

Time of Services, —

Date of Interment, Mar. 25 1909

Diagram of }
Burial Lot. }



Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

<u>Body placed in casket with</u>				Candles, <u>—</u>			
Casket or Coffin Number, <u>mother</u>				Gloves, <u>—</u>			
Size, <u>—</u> Made by <u>—</u>				Hearse to <u>—</u> Cemetery <u>—</u>			
Lining, <u>—</u>				Carriage for <u>—</u>			
Handles, <u>—</u>				" " <u>—</u>			
Plate, <u>—</u>				" " <u>—</u>			
Outside Box, <u>—</u>				Carriages at Funeral, <u>—</u>			
Burial robe, <u>—</u>				Death Notices in <u>—</u>			
Preserving Body with <u>—</u>				Goods ordered by <u>John Dawson</u>			
Washing and Dressing, <u>—</u>				Bill charged to <u>" "</u>			
Shaving, <u>—</u>							
Services, <u>—</u>							
Use of Chairs, <u>—</u>							
Cemetery Fee, <u>—</u>							

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 43Total to Date 887

FOR THE FUNERAL OF

Clinton Irving Witto

Date of Death, Mar. 24 1909 Color White Age { 1 Years.
1 Months.
1 Days.
 Name of Deceased, Clinton Irving Witto
 Place of death, Clarksburg Mass Street, _____ Ward No. _____
 Residence, _____ Sex, Male Single, Single Married, _____
 Occupation, None Wife of _____
 Birth-place, Clarksburg Widow of _____
 Name of Father, David Witto His Birth-place, * No. Adams
 Maiden Name of Mother, Catharine Miller Her Birth-place, * Ireland
 Cause of death, { Primary, Broncho Pneumonia Duration, _____
 Secondary, _____ Duration, _____
 Certifying Physician, E. E. Russell His Residence, River St
 Place of burial, No Cemetery, Lot or Grave No. _____ Section No. _____
 Funeral Services at House Garrison officiating
 Time of Services, 2.30 P. M. Mar. 25
 Date of Interment, Mar. 25 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 501</u>	Candles, <u>None</u>
Size, <u>2/0</u> Made by <u>Florence</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u>"</u>
Handles, <u>New Lashing</u>	Carriage for _____
Plate, <u>Bals</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Wool Dress</u>	Carriages at Funeral, <u>3</u>
Preserving Body with <u>Thidgid</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>David Witto</u>
Cemetery Fee, _____	Bill charged to <u>"</u>

Dr.

Cr.

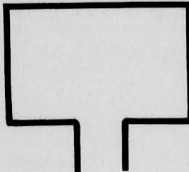
RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to Date 388

Annice Fitzgerald

Date of Death, *Mar. 27* 190 *9* Color *White* Age { *51* Years.
 Name of Deceased, *Annice Fitzgerald* Months
 Days.
 Place of death, *No. Adams* Street, *22 Craig St.* Ward No.
 Residence, *"* Sex, *female* Single, Married, *Married*
 Occupation, *None* Wife of *John Fitzgerald*
 Birth-place, *Ireland* Widow of
 Name of Father, *Richard Phalen* His Birth-place, * *Ireland*
 Maiden Name of Mother, { *Unknown* Her Birth-place, * *Unknown*
 Cause of death, { Primary, *Heart Incompetency* Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, *Dr. Riley* His Residence, *Main*
 Place of burial, *No. Adams St. Joseph's* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *St. Francis*
 Time of Services, *9 A.M. Mar. 29, '09*
 Date of Interment, *Mar. 2* 190 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>62</i>	Candles, <i>6 lbs</i>
Size, <i>5/9</i> Made by <i>Filouise</i>	Gloves, <i>6 Pr. black</i>
Lining, <i>White</i>	Hearse to <i>St. Joseph's</i> Cemetery
Handles, <i>Sil</i>	Carriage for
Plate, <i>"</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Black Monied</i>	Carriages at Funeral, <i>6</i>
Preserving Body with <i>E. S. Co.</i>	Death Notices in <i>Mail</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>John Fitzgerald</i>
Cemetery Fee,	Bill charged to <i>" "</i>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 45

Total to Date 389

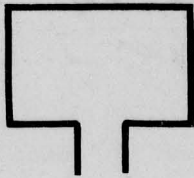
FOR THE FUNERAL OF

Maturo Sabilo

Date of Death, Mar. 29 1909 Color White Age 1 Years. 11 Months. Days.
 Name of Deceased, Maturo Sabilo
 Place of death, No. Adams Street, 279 State St Ward No.
 Residence, " " Sex, female Single, Single Married,
 Occupation, None Wife of
 Birth-place, No. Adams Widow of
 Name of Father, Sarkins Sabilo His Birth-place, Syria
 Maiden Name of Mother, Kate Clark Her Birth-place, "
 Cause of death, Primary, Valvular disease of heart. Duration,
 Cause of death, Secondary, Duration,
 Certifying Physician, Dr. M. E. Guath His Residence,
 Place of burial, No Adams St Joseph Cemetery, Lot or Grave No. Section No.
 Funeral Services at Home

Time of Services,

Date of Interment, Mar. 30 1909

Diagram of Burial Lot. 

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>013</u>	Candles, <u>2 lbs</u>
Size, <u>2/9</u> Made by <u>Flourence</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u></u> Cemetery <u></u>
Handles, <u>Iron</u>	Carriage for <u></u>
Plate, <u>" "</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Blue Cloth</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u></u>	Death Notices in <u>Localities</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Sarkins Sabilo</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to Date 390

Mary M. Bennett

Date of Death, April 3 1909 Color † White Age { 7 Years.
Months
Days.

Name of Deceased, Mary M. Bennett

Place of death, No Adams, Street, 1576 Mass. Ave. Ward No.

Residence, " " Sex, female Single, Single Married,

Occupation, None. Wife of

Birth-place, Palmer Mass. Widow of

Name of Father, George A. Bennett. His Birth-place, * No Wilbraham Mass.

Maiden Name of Mother, { Flora Handneaw, Her Birth-place, * Canada.

Cause of death, { Primary, Matritition Duration,

Cause of death, { Secondary, Br. Pneumonia Duration,

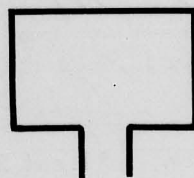
Certifying Physician, R. A. Galvin. His Residence,

Place of burial, No Adams Blackington Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, Apr. 5 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5

Size, 2/0 Made by Florence

Lining, White

Handles, New Darling

Plate, " "

Outside Box, Pine

Burial robe, None

Preserving Body with Fridgid

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to Cemetery

Carriage for

" "

" "

Carriages at Funeral, None

Death Notices in Daily

Goods ordered by Geo. Forget

Bill charged to Geo A Bennett

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 48

Total to Date 392

FOR THE FUNERAL OF

Male infant of Henry Rischo

Date of Death, Apr. 9 1909 Color † White Age { } Years.
Months.
Days.

Name of Deceased, Male infant of Henry Rischo

Place of death, No. Adams Street, 366 E. Main Ward No.

Residence, " " Sex, Male Single, Single Married,

Occupation, " " Wife of

Birth-place, No. Adams Widow of

Name of Father, Henry Rischo His Birth-place, * Adams

Maiden Name of Mother, Mary Nichols Her Birth-place, * Elizabethtown N. J.

Cause of death, { Primary, Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, Dr. Rosa F. Fisher His Residence, Head of grave

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. 780 Section No. Free

Funeral Services at None

Time of Services, " "

Date of Interment, Apr. 9 1909 Diagram of Burial Lot. { } Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. H. 44	Candles, None
Size, 2 1/2	Gloves, "
Made by, Bradley	Hearse to, " Cemetery
Lining, White	Carriage for, "
Handles, Imitation	" " "
Plate, None	" " "
Outside Box, "	Carriages at Funeral, "
Burial robe, "	Death Notices in, 7
Preserving Body with, "	
Washing and Dressing, "	
Shaving, "	
Services, "	
Use of Chairs, "	Goods ordered by, Henry Rischo
Cemetery Fee, "	Bill charged to, "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 49Total to Date 893

FOR THE FUNERAL OF

Harry Morgan

Date of Death, April 13 190 9 Color White Age { 7 Years. 27 Months. 27 Days.

Name of Deceased, Harry Morgan

Place of death, No. Adams Mass Street, 45 Killians Ward No.

Residence, " " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, Harry Morgan His Birth-place, * England

Maiden Name of Mother, Catherine Timoney Her Birth-place, *

Cause of death, { Primary, Convulsions Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, Russell His Residence, River St.

Place of burial, No. Adams So. Union Cemetery, Lot or Grave No. Section No.

Funeral Services at, Home

Time of Services, 2:30 PM, April 14

Date of Interment, April 14 190 9 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 87</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>F. Loume</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u>Family</u>
Plate, <u>"</u>	" " "
Outside Box, <u>Pine</u>	Carriages at Funeral, <u>2</u>
Burial robe, <u>Wool dress</u>	Death Notices in <u>Dailies</u>
Preserving Body with <u>absorption</u>	
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Harry Morgan</u>
Cemetery Fee,	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 50

Total to Date 394

FOR THE FUNERAL OF

Emma Church

Date of Death, April 11, 1909 Color White Age { 58 Years.
 Name of Deceased, Emma Church
 Place of death, Rutland Vt., Street, Ward No.
 Residence, Rutland Vt., Sex, female, Single, Married, Widowed
 Occupation, None, Wife of
 Birth-place, Widow of
 Name of Father, His Birth-place, *
 Maiden Name of Mother, Her Birth-place, *
 Cause of death, Primary, Cancer of Uterus, Duration,
 Cause of death, Secondary, Duration,
 Certifying Physician, C. F. Walton, His Residence, Rutland
 Place of burial, No. Adams St. Vt., Cemetery, Lot or Grave No., Section No.
 Funeral Services at Home
 Time of Services, 10 A.M. Apr. 14, Busfield
 Date of Interment, April 14, 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, Purple plush, Half Couch,	Candles, None
Size, 6/8 Made by	Gloves, "
Lining, White Silk	Hearse to So. View Cemetery
Handles, 4 Nickel	Carriage for
Plate, Sil	" "
Outside Box, Pine	" "
Burial robe, Quilt Dress	Carriages at Funeral, 4
Preserving Body with	Death Notices in Daily
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by Stephen Boardman
Cemetery Fee	Bill charged to "

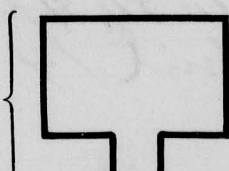
Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 51Total to Date 395

FOR THE FUNERAL OF

Date of Death, April 17 1909 Color White Age 72 Years. 0 Months. 0 Days.Name of Deceased, John MurrayPlace of death, No. Adams Street, 376 Eagle St Ward No. Residence, " Sex, Male Single, Married, MarriedOccupation, Retired Wife of Birth-place, Canada Widow of Name of Father, John Murray His Birth-place, * CanadaMaiden Name of Mother, Eliza Matot Her Birth-place, * Cause of death, } Primary, Epithelioma Duration, Cause of death, } Secondary, Duration, Certifying Physician, Dr. Harper His Residence, Ashtland StPlace of burial, No. Adams So View Cemetery, Lot or Grave No. Section No. Funeral Services at Notre DameTime of Services, 9 A M Apr 20, 09Date of Interment, Apr 20 1909 Diagram of Burial Lot. Put in the Diagram one mark like this  for every Grave in it. And mark this  Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Round End black</u>	Candles, <u>6 lbs</u>
Size, <u>6/0</u> Made by <u>Ante Trust</u>	Gloves, <u>12 Pr Black</u>
Lining, <u>White</u>	Hearse to <u>So View Cemetery</u>
Handles, <u>Elony & Sil</u>	Carriage for <u></u>
Plate, <u>" "</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u></u>	Carriages at Funeral, <u>8-28 seats</u>
Preserving Body with <u></u>	Death Notices in <u>Mail</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Assins & John Murray</u>
Cemetery Fee, <u></u>	Bill charged to <u>Murray</u>

DR.

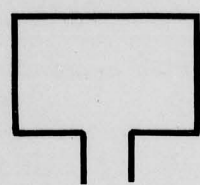
CR.

RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to Date 396

Name of Deceased, Margaret E. Baker
 Date of Death, April 19 1909 Color White Age 25 Years.
 Name of Deceased, Margaret E. Baker Months — Days —
 Place of death, No. Adams, Street, 82 Vazier St Ward No. —
 Residence, " Sex, female Single, — Married, Married
 Occupation, None Wife of —
 Birth-place, Boston Mass Widow of —
 Name of Father, Henry Driscoll His Birth-place, * —
 Maiden Name of Mother, Mary Scully Her Birth-place, * "
 Cause of death, Primary Duration, —
 Cause of death, Secondary Duration, —
 Certifying Physician, — His Residence, —
 Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at St. Francis
 Time of Services, St. Francis Apr. 21 09
 Date of Interment, — 1909 Diagram of Burial Lot. 

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>16 R 18</u>	Candles, <u>—</u>
Size, <u>5/9</u> Made by <u>National</u>	Gloves, <u>6 Pr grey</u>
Lining, <u>White</u>	Hearse to <u>—</u> Cemetery <u>—</u>
Handles, <u>Nickel</u>	Carriage for <u>—</u>
Plate, <u>Sil</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>Wool Dress</u>	Carriages at Funeral, <u>6</u>
Preserving Body with <u>Eseco</u>	Death Notices in <u>Dial</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>John Baker</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

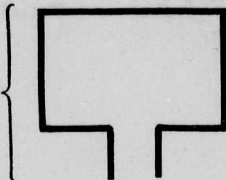
RECORD AND BILL OF ITEMS

Yearly No. 53Total to Date 397

FOR THE FUNERAL OF

Margaret DoughertyDate of Death, Apr. 24 1909 Color White Age { 69 Years.
10 Months.
 Days.Name of Deceased, Margaret DoughertyPlace of death, No Adams Street, 209 Central Ave Ward No. Residence, " Sex, female Single, Married, marriedOccupation, Wom. Wife of Birth-place, Ireland Widow of James DoughertyName of Father, His Birth-place, * IrelandMaiden Name { of Mother, { Her Birth-place, * "Cause of death, { Primary, Apoplexy Duration, 1 minuteCause of death, { Secondary, Duration, Certifying Physician, Dr. M. M. Brown His Residence, Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No. Funeral Services at St. FrancisTime of Services, 10 A.M. Apr. 26 09Date of Interment, Apr. 26 1909

Diagram of Burial Lot. {

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>like #1210</u>	Candles, <u>6 lbs.</u>
Size, <u>6 1/2</u> Made by <u>Boyetown Co.</u>	Gloves, <u>6 Pr. black</u>
Lining, <u>White Silk</u>	Hearse to <u>Hillside Cemetery</u>
Handles, <u>Satin & Silvers</u>	Carriage for <u></u>
Plate, <u>Silver</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Black Cash.</u>	Carriages at Funeral, <u>Seven</u>
Preserving Body with <u>Esco.</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Patrick Dougherty</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

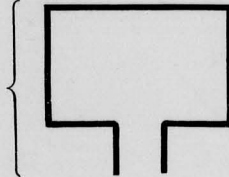
Yearly No. 54

Total to Date 398

FOR THE FUNERAL OF

James M. Corniskey

Date of Death, April 27 1909 Color † White Age { 36 Years.
 Name of Deceased, James M. Corniskey { — Months
 Place of death, No. Adams Street, 28 Main St Ward No. — Days.
 Residence, " Sex, Male Single, Single Married,
 Occupation, None Wife of
 Birth-place, England Widow of
 Name of Father, Patrick M. Corniskey His Birth-place, * England
 Maiden Name of Mother, Unknown Her Birth-place, * "
 Cause of death, { Primary, Chronic Nephritis Duration,
 Cause of death, { Secondary, Duration, week
 Certifying Physician, Dr. Hobbs His Residence, E. Main
 Place of burial, No. Adams St. View Cemetery, Lot or Grave No. 3 lot 178 N. W. 2, Section No.
 Funeral Services at, St. Francis
 Time of Services, 8 A. M.
 Date of Interment, Apr. 28 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, #1	Candles, None
Size, 16 1/2 x 24 1/2 Made by Florence	Gloves, None
Lining, White	Hearse to, So. View Cemetery
Handles, 1/2 x Copper	Carriage for, family
Plate, None	" " "
Outside Box, Pine	" " "
Burial robe, #0	Carriages at Funeral,
Preserving Body with, Whipped	Death Notices in, Railies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Geo. M. Corniskey
Cemetery Fee,	Bill charged to,

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 55Total to Date 899

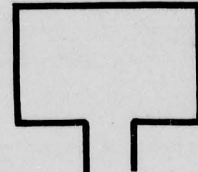
FOR THE FUNERAL OF

Agastina Jammalo

Date of Death, May 1, 1909 Color White Age { 52 Years.
Months.
Days.

Name of Deceased, Agastina JammaloPlace of death, No Adams Street, 84 1/2 Main St, Ward No.Residence, Sex, Male Single, Married, MarriedOccupation, Seaborn Wife ofBirth-place, Italy Widow ofName of Father, Joseph Jammalo His Birth-place, *Maiden Name of Mother, Mary Cirilo Her Birth-place, *Cause of death, { Primary, Acute Pneumonia Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, Dr. Dr. Marco His Residence, HoldenPlace of burial, No Adams So. Vir Cemetery, Lot or Grave No. Section No.Funeral Services at St. AnthonyTime of Services, 9.30 A.M. May 3, 1909Date of Interment, May 3, 1909 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#1 coffin casket</u>	Candles, <u>4 lbs</u>
Size, <u>6/8</u> Made by <u>Florence</u>	Gloves, <u>6 Pr black</u>
Lining, <u>White</u>	Hearse to <u>So. Vir</u> Cemetery
Handles, <u>Nickel</u>	Carriage for
Plate, <u>Sil</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Wool Cloth</u>	Carriages at Funeral, <u>9</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Cirilo</u>
Cemetery Fee,	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to Date 400

James M^c Vally

Date of Death, May 1 1909 Color White Age { 69 Years.
James M^c Vally Months
No. Adams Days.

Name of Deceased, James M^c Vally

Place of death, No. Adams Street, 472 Church St Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, Retired Wife of

Birth-place, Ireland Widow of

Name of Father, John M^c Vally His Birth-place, * Ireland

Maiden Name of Mother, { Alie M^c Gunk Her Birth-place, * "

Cause of death, { Primary, Val disease of heart Duration,

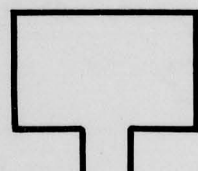
Cause of death, { Secondary, Duration,

Certifying Physician, Dr M M Brown His Residence,

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at St Francis

Time of Services, 9 A. M May 4 '09

Date of Interment, May 4 1909 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>5730</u>	Candles, <u>8 lbs.</u>
Size, <u>6/0</u> Made by <u>National</u>	Gloves, <u>6 P. black</u>
Lining, <u>White</u>	Hearse to <u>So. View</u> Cemetery
Handles, <u>Sil Est</u>	Carriage for <u></u>
Plate, <u>Sil</u>	" " <u></u>
Outside Box, <u>Chrestnut</u>	" " <u></u>
Burial robe, <u>Prime Albert Black</u>	Carriages at Funeral, <u>5 x 3 scattered</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Mrs Welch</u>
Cemetery Fee, <u></u>	Bill charged to <u>Mrs Ellen M^c Vally</u>

DR.

CR.

RECORD AND BILL OF ITEMS

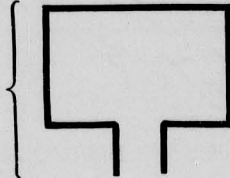
Yearly No. 57

Total to Date 401

FOR THE FUNERAL OF

Mary Reagan

Date of Death, May 2, 1909 Color † White Age { 75 Years.
 Name of Deceased, Mary Reagan. { Months.
 Place of death, No. Adams Street, Ballou St. Ward No. Days.
 Residence, " Sex, female Single, Married, Married.
 Occupation, None Wife of
 Birth-place, Ireland Widow of Charles Reagan.
 Name of Father, John Quinn His Birth-place, * Ireland
 Maiden Name of Mother, Unknown Her Birth-place, *
 Cause of death, { Primary, Cancer of skin Duration, 1 yr.
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Riley His Residence,
 Place of burial, Valley Falls R.I. St. Patrick Cemetery, Lot or Grave No. 120 Section No. S.
 Funeral Services at St. Francis
 Time of Services, May 4 6:15 A.M.
 Date of Interment, May 4, 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 3110	Candles, 1 lbs
Size, 9/6 Made by National	Gloves, 6 P. black
Lining, White	Hearse to Depot Cemetery
Handles, Ch	Carriage for Family
Plate, Pind	" "
Outside Box, Black Cash	" "
Burial robe, Escro	Carriages at Funeral, 2
Preserving Body with Escro	Death Notices in 10 Aclis
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Patrick Reagan
Cemetery Fee,	Bill charged to Chas & H. Reagans

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 58.

FOR THE FUNERAL OF

Total to Date 402

Timothy Fitzgerald

Date of Death, *May 13* 190*9* Color *White* Age *3* Years. Months. Days.

Name of Deceased, *Timothy Fitzgerald*

Place of death, *No Address* Street, *167 Houghton St* Ward No.

Residence, " " Sex, *Male* Single, *Single* Married,

Occupation, *None* Wife of

Birth-place, *No Adams Mass* Widow of

Name of Father, *Richard Fitzgerald* His Birth-place, * *Island*

Maiden Name of Mother, *Ellen Keefe* Her Birth-place, * "

Cause of death, } Primary, *Whooping Cough* Duration,

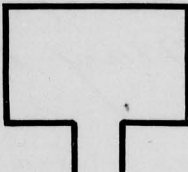
Cause of death, } Secondary, Duration,

Certifying Physician, *Dr Riley* His Residence, *1 Week*

Place of burial, *No Adams St Josephs* Cemetery, Lot or Grave No. Section No.

Funeral Services at *None*

Time of Services, "

Date of Interment, *May 14* 190*9* Diagram of Burial Lot.  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 013</i>	Candles, <i>4 lbs</i>
Size, <i>3/0</i> Made by <i>Florence</i>	Gloves, <i>None</i>
Lining, <i>White</i>	Hearse to, " Cemetery
Handles, <i>Sil</i>	Carriage for, "
Plate, <i>Chas Harding</i>	" " "
Outside Box, <i>Pine</i>	" " "
Burial robe, <i>Brown Dress</i>	Carriages at Funeral, <i>Two</i>
Preserving Body with <i>Fluid</i>	Death Notices in <i>Mail</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Richard Fitzgerald</i>
Cemetery Fee,	Bill charged to <i>Richard Fitzgerald</i>

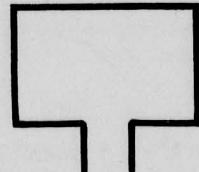
. DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 59Total to Date 403

FOR THE FUNERAL OF

Thomas ClearyDate of Death, May 15 1909Color † WhiteAge { 28 Years.
Months.
Days.Name of Deceased, Thomas ClearyPlace of death, No AdamsStreet, County RoadWard No. Residence, "Sex, MaleSingle, MarriedMarried, MarriedOccupation, LabourerWife of Birth-place, Christine HarborWidow of Name of Father, Thomas ClearyHis Birth-place, * IrelandMaiden Name }
of Mother, { Ellen TobinHer Birth-place, * "Cause of death, } Primary, TuberculosisDuration, Cause of death, } Secondary, Duration, Certifying Physician, Dr CanadyHis Residence, Pleasant StPlace of burial, No AdamsCemetery, Lot or Grave No. Section No. Funeral Services at St FrancisTime of Services, 9.30 A.M. May 17 09Date of Interment, May 17 1909Diagram of
Burial Lot. } Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number, Sil G SqSize, 6/6Made by B.B.C. CoLining, WhiteHandles, Silx GoldPlate, "Outside Box, ChestnutBurial robe, Black SergePreserving Body with EscoWashing and Dressing, Shaving, Services, Use of Chairs, Cemetery Fee, Candles, 6 lbsGloves, 6 P GreyHearse to So VinnCemetery Carriage for " " " " Carriages at Funeral, 3x3 seatingDeath Notices in 10 citiesGoods ordered by Mumma HallBill charged to "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to Date... 404

Date of Death, May 20 1909 Color $\frac{1}{2}$ White Age } Months
Name of Deceased, George R. Dania Days.
Place of death, No Adams. Street, 405 River St. Ward No.
Residence, " " Sex, Male Single, Single Married,
Occupation, None. Wife of
Birth-place, No Adams. Widow of
Name of Father, Samuel Dania His Birth-place, * Manden Vt.
Maiden Name } of Mother, } Esther Wade Her Birth-place, * No Adams Mass.
Cause of death, } Primary, Whooping cough Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Dr. Hollier His Residence, E. Main
Place of burial, No Adams Advent. Cemetery, Lot or Grave No. Section No.
Funeral Services at, Home. Mr. Terry officiating
Time of Services, 2 P.M. May 21
Date of Interment, May 21 1909 Diagram of

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, # 5-	Candles, None.
Size, 3/6	Gloves, "
Made by Florence.	Hearse to " Cemetery
Lining, White	Carriage for family
Handles, Scamb.	" "
Plate, Am. Harding	" "
Outside Box, Pine	Carriages at Funeral, Mrs.
Burial robe, New dress.	Death Notices in Herald
Preserving Body with Hydrigid	
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Samuel Adams
Cemetery Fee,	Bill charged to "

DR.

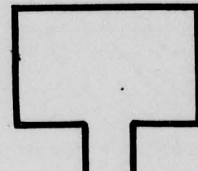
CR.

RECORD AND BILL OF ITEMS

Yearly No. 61Total to Date 405

FOR THE FUNERAL OF

Hanora Mack,

Date of Death, May 22 1909 Color White Age { 64 Years.
— Months.
— Days.
 Name of Deceased, Hanora Mack,
 Place of death, No Adams Street, 28 High St Ward No. —
 Residence, — Sex, female Single, — Married, Widowed
 Occupation, Novice Wife of —
 Birth-place, Ireland Widow of James Mack,
 Name of Father, John Shurham His Birth-place, * Ireland
 Maiden Name of Mother, { Hanora Breen Her Birth-place, * —
 Cause of death, { Primary, Val of Disease of Heart Duration, —
 Cause of death, { Secondary, — Duration, —
 Certifying Physician, Dr. Craft His Residence, Main St
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at St Francis
 Time of Services, 9.00 A.M., May 25 '09,
 Date of Interment, May 25 1909 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Black Sq.</u>	Candles, <u>8 lbs</u>
Size, <u>6/6</u> Made by <u>Mansell's</u>	Gloves, <u>6 P. black</u>
Lining, <u>White Silk</u>	Hearse to, <u>Hillside</u> Cemetery
Handles, <u>—</u>	Carriage for
Plate, <u>—</u>	" "
Outside Box, <u>Cypress</u>	" "
Burial robe, <u>Black Cash.</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>E sco</u>	Death Notices in <u>Waiver</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Harry Mack</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

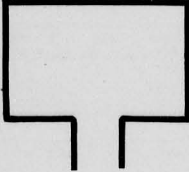
RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to Date 406

Wife of Albert Rowett,

Date of Death, *May 23* 190*9* Color *White* Age { *—* Years.
— Months
— Days.
 Name of Deceased, *Wife Rowett*
 Place of death, *No Adams* Street, *134 Meadows* Ward No. *—*
 Residence, *—* Sex, *Male* Single, *—* Married, *—*
 Occupation, *None* Wife of *—*
 Birth-place, *No Adams* Widow of *—*
 Name of Father, *Albert Rowett* His Birth-place, * *England*
 Maiden Name of Mother, { *Ethel Ford* Her Birth-place, * *—*
 Cause of death, { Primary, *Still born* Duration, *—*
 Cause of death, { Secondary, *—* Duration, *—*
 Certifying Physician, *Dr. Brosseau* His Residence, *—*
 Place of burial, *So. View* Cemetery, Lot or Grave No. *764* Section No. *Free*
 Funeral Services at *None*
 Time of Services, *—*
 Date of Interment, *May 24* 190*9* Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †  Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>P. H. Sq.</i>	Candles, <i>—</i>
Size, <i>2 1/2</i> Made by <i>Prooley</i>	Gloves, <i>—</i>
Lining, <i>White</i>	Hearse to <i>—</i> Cemetery <i>—</i>
Handles, <i>None</i>	Carriage for <i>—</i>
Plate, <i>—</i>	" " <i>—</i>
Outside Box, <i>—</i>	" " <i>—</i>
Burial robe, <i>—</i>	Carriages at Funeral, <i>—</i>
Preserving Body with <i>—</i>	Death Notices in <i>—</i>
Washing and Dressing, <i>—</i>	
Shaving, <i>—</i>	
Services, <i>—</i>	
Use of Chairs, <i>—</i>	Goods ordered by <i>Albert Rowett</i>
Cemetery Fee, <i>—</i>	Bill charged to <i>—</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to Date 407

Date of Death, May 26 1909 Color White Age 1 Years. 2 Months. Days.
 Name of Deceased, Rosita Marucco
 Place of death, No Adams Street, 8 Ryan Lane Ward No.
 Residence, " Sex, Female Single, Single Married,
 Occupation, None Wife of
 Birth-place, No Adams Mass Widow of
 Name of Father, Joseph Marucco His Birth-place, Italy
 Maiden Name } Man A. Astrucio Her Birth-place, "
 of Mother, }
 Cause of death, } Primary, Convulsions Duration, 2 hrs.
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. A. Brown His Residence,
 Place of burial, No Adams So. Va. Cemetery, Lot or Grave No. 767 Section No. Three
 Funeral Services at None
 Time of Services, "
 Date of Interment, May 27 1909 Diagram of

Put in the Diagram one mark like this for every Grave in it. And mark the Burial with double dagger thus: †

† State whether *White* or *Black*. * Insert *Town* and *State*.

Put in the Diagram one mark like this
 † for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus:

Casket or Coffin Number, <i>P. P. 1000</i>	Candles, <i>2 lbs.</i>
Size, <i>2 1/2</i> Made by <i>National</i>	Gloves,
Lining, <i>White</i>	Hearse to..... Cemetery
Handles, <i>Scamb.</i>	Carriage for.....
Plate, <i>Wm. Harding</i>	" "
Outside Box, <i>Peris</i>	" "
Burial robe, <i>Wm. dress.</i>	Carriages at Funeral, <i>5</i>
Preserving Body with <i>Formal</i>	Death Notices in <i>Whitier</i>
Washing and Dressing, .....	.....
Shaving, .....	.....
Services, .....	.....
Use of Chairs, .....	.....
Cemetery Fee, .....	.....
	Goods ordered by <i>Joseph Maricco</i>
	Bill charged to.....

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 65

Total to Date.....409

FOR THE FUNERAL OF

Mary E Lally

Date of Death, June 1 1909

Color White Age 47 Years.
— Months.
— Days.

Name of Deceased.

Place of death, Holyoke Mass. Street, 1 Ward No. 1

Residence, No. Adams Sex, Female Single, Married, Widowed

Occupation, None Wife of John

Birth-place, Widow of William H. Lally

Name of Father, *James Nolan* His Birth-place, * *Ireland*

Maiden Name)
Her Birth-place. *.

Cause of death, } Primary, *Hysterectomy* *Exhaustion* Duration,

Cause of death. { Secondary..... Duration,

Certifying Physician, Dr. Mahoney His Residence, Holysko,

Place of burial At Adams Hillside Cemetery, Lot or Grave No. 1 Section No. 1

Funeral Services at.....*St. Francis*.....

Time of Services..... 9 C. M.

Date of Interment June 4 1909 Diagram of)

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <i>Black Couch,</i>	Candles, <i>6 lbs</i>
--	-----------------------

Size, 6 1/2 Made by Anti Trust Gloves, 16 pr. black

Lining..... *White Silk* Hearse to..... *Hillside* Cemetery.....

Handles, <u>Brass</u>			Carriage for	
-----------------------	--	--	--------------	--

Plate..... ³			" "	
-------------------------	--	--	-----	--

Outside Box. Chestnut

" "

Burial robe.	<i>Queen's Dress</i>	Carriages at Funeral,	<i>8</i>
--------------	----------------------	-----------------------	----------

Preserving Body with Esko.....

Death Notices in Wachter.....

[illegible]

Shaving					
---------------	-------	-------	-------	-------	-------

Shaving.....					
Services.....					

Use of Chairs.....		Goods ordered by.....
--------------------	--	-----------------------

Bill charged to Mary E. Lally

Cemetery 188,

Dr.

CR.

[illegible]

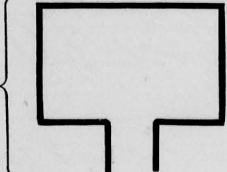
RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to Date 410

Name of Deceased, Martin Naughton
 Date of Death, June 5 1909 Color White Age 67 Years.
 Name of Deceased, Martin Naughton Months — Days —
 Place of death, No Adams Street, 413 N Main Ward No. —
 Residence, — Sex, Male Single, — Married, Married
 Occupation, Flagman Wife of —
 Birth-place, Ireland Widow of —
 Name of Father, James Naughton His Birth-place, Ireland
 Maiden Name of Mother, Unknown Her Birth-place, —
 Cause of death, Primary, Cerebral Apoplexy Duration, —
 Cause of death, Secondary, — Duration, —
 Certifying Physician, Dr. Croft His Residence, Main
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. — Section No. —
 Funeral Services at St Francis
 Time of Services, 9:30 P. M. June 7 09
 Date of Interment, June 7 1909

Diagram of Burial Lot. 

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Long oak 1</u>	Candles, <u>6 lls</u>
Size, <u>6/0</u> Made by <u>Hornets</u>	Gloves, <u>6 Pr. black</u>
Lining, <u>White Silk</u>	Hearse to <u>Hillside Cemetery</u>
Handles, <u>Antique Brass</u>	Carriage for <u>—</u>
Plate, <u>Antique</u>	" " <u>—</u>
Outside Box, <u>Chastnut</u>	" " <u>—</u>
Burial robe, <u>Black B. C.</u>	Carriages at Funeral, <u>4</u>
Preserving Body with <u>E. S. C.</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Mrs Naughton</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 68

FOR THE FUNERAL OF

Total to Date... 412

Male inf of William Bailey

Date of Death, June 7 1909 Color † Age { Years.
Months.
Days.

Name of Deceased, Male inf of William Bailey

Place of death, No Adams Street, 16 West 12th Ward No.

Residence, " " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Widow of

Name of Father, William Bailey His Birth-place, * Land Mountain N.Y.

Maiden Name of Mother, Lillia Brosseau Her Birth-place, * Plattsburg N.Y.

Cause of death, Primary, Still-born Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr Brosseau His Residence,

Place of burial, No Adams So View Cemetery, Lot or Grave No. 223 Section No. Free

Funeral Services at None

Time of Services, "

Date of Interment, June 7 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.K. 24	Candles, None
Size, 2/0 Made by Woolley	Gloves, —
Lining, White	Hearse to — Cemetery
Handles, New Darling	Carriage for —
Plate, None	" " —
Outside Box, None	" " —
Burial robe, —	Carriages at Funeral, —
Preserving Body with —	Death Notices in —
Washing and Dressing, —	—
Shaving, —	—
Services, —	—
Use of Chairs, —	Goods ordered by Sam Bailey
Cemetery Fee, —	Bill charged to " " f

DR.

CR.

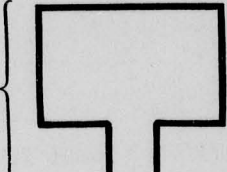
RECORD AND BILL OF ITEMS

Yearly No. 69Total to Date 4/13

FOR THE FUNERAL OF

Ellen A. GarveyDate of Death, June 7 1909Color White Age 53 Years.Name of Deceased, Ellen A. GarveyPlace of death, Worcester Mass Street, Ward No.Residence, " Sex, female Single, Single Married,Occupation, " Wife of "Birth-place, Ireland Widow of "Name of Father, " His Birth-place, *

Maiden Name } of Mother, } Her Birth-place, *

Cause of death, } Primary, Pneumonia Duration, "Cause of death, } Secondary, " Duration, "Certifying Physician, " His Residence, "Place of burial, St. Adams Cemetery, Lot or Grave No. " Section No. "Funeral Services at WatthamTime of Services, "Date of Interment, " 1909 Diagram of Burial Lot. Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>"</u>	Candles, <u>"</u>
Size, <u>"</u> Made by <u>"</u>	Gloves, <u>"</u>
Lining, <u>"</u>	Hearse to <u>Hillside Cemetery</u>
Handles, <u>"</u>	Carriage for <u>"</u>
Plate, <u>"</u>	" " <u>"</u>
Outside Box, <u>"</u>	" " <u>"</u>
Burial robe, <u>"</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u>"</u>	Death Notices in <u>Woolwich</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>John Mead</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

DR.

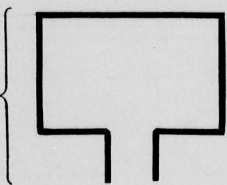
CR.

RECORD AND BILL OF ITEMS

Yearly No. 70

FOR THE FUNERAL OF

Total to Date 414

Name of Deceased, William Finnegan
 Date of Death, June 10 1909 Color White Age 68 Years.
 Name of Deceased, William Finnegan Months
 Place of death, No. Adams Hospital Street, Ward No.
 Residence, Island Pond Vt. Sex, Male Single, Married, Widowed
 Occupation, None Wife of
 Birth-place, Canada Widow of
 Name of Father, Edward Finnegan His Birth-place, * Ireland
 Maiden Name of Mother, Unknown Her Birth-place, *
 Cause of death, Primary, R. R. accident Duration,
 Cause of death, Secondary, Duration,
 Certifying Physician, Dr. Coll. Med. Exam His Residence, Pittsfield
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis
 Time of Services, 8 P. M. June 12, '09
 Date of Interment, June 12 1909 Diagram of Burial Lot.  Put in the Diagram one mark like this  for every Grave in it. And mark this  Burial with double dagger thus: 
 † State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Flat top Casket</u>	Candles, <u>None</u>
Size, <u>6/8</u> Made by <u>Bristol</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Nickel</u>	Carriage for <u>Family</u>
Plate, <u>Sil</u>	" " <u>"</u>
Outside Box, <u>Pine</u>	" " <u>"</u>
Burial robe, <u>Black Cash.</u>	Carriages at Funeral, <u>One</u>
Preserving Body with <u>Esco.</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u>"</u>	
Shaving, <u>"</u>	
Services, <u>"</u>	
Use of Chairs, <u>"</u>	Goods ordered by <u>Mrs Dennis O'Brien</u>
Cemetery Fee, <u>"</u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 72

Total to Date..... 416

FOR THE FUNERAL OF

female infant of Dennis Kelly

Date of Death, June 17 1909 Color † White Age { Years. Months. Days.

Name of Deceased, female inf. of Dennis Kelly

Place of death, No Adams Street, 12 Elm St Ward No.

Residence, " " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Widower of

Name of Father, Dennis Kelly His Birth-place, Ireland

Maiden Name of Mother, Mary Hallon Her Birth-place, "

Cause of death, } Primary, Stillborn Duration,

Cause of death, } Secondary, Duration,

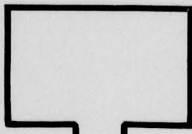
Certifying Physician, Dr. H. M. Gath His Residence, Holden

Place of burial, No Adams So. Vinw Cemetery, Lot or Grave No. 323 Section No. Free

Funeral Services at S. Voss

Time of Services, "

Date of Interment, June 17 1909

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number,.....	Candles,.....
Size,.....	Gloves,.....
Lining,.....	Hearse to..... Cemetery.....
Handles,.....	Carriage for.....
Plate,.....	“ “.....
Outside Box,.....	“ “.....
Burial robe,.....	Carriages at Funeral,.....
Preserving Body with.....	Death Notices in.....
Washing and Dressing,.....	
Shaving,.....	
Services,.....	
Use of Chairs,.....	Goods ordered by.....
Cemetery Fee,.....	Bill charged to.....

DR.

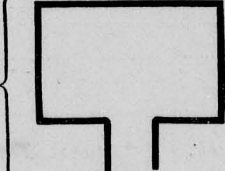
CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No. 73Total to Date 417

FOR THE FUNERAL OF

Mary PedersiniDate of Death, June 20 1909 Color White Age 46 Years. — Months. — Days.Name of Deceased, Mary PedersiniPlace of death, No Adams Street, 71 High St. Ward No. —Residence, No Adams Single, Married Married, MarriedOccupation, None Wife of Anthony PedersiniBirth-place, Italy Widow of —Name of Father, Battista Pedersini His Birth-place, * ItalyMaiden Name of Mother, Annita Walker Her Birth-place, * "Cause of death, } Primary, Pul Tuberculosis Duration, 1 yr.Cause of death, } Secondary, — Duration, —Certifying Physician, Dr. H. H. H. H. His Residence, Holden St.Place of burial, No Adams So. Virio Cemetery, Lot or Grave No. — Section No. —Funeral Services at St. Anthony'sTime of Services, 9 A.M. June 22 '09Date of Interment, June 22 1909Diagram of Burial Lot. Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 62</u>	Candles, <u>6 lbs</u>
Size, <u>5 1/2</u> Made by <u>Florence</u>	Gloves, <u>6 Pr. Black</u>
Lining, <u>White</u>	Hearse to <u>So. Virio Cemetery</u>
Handles, <u>Nickel</u>	Carriage for <u>—</u>
Plate, <u>Silver</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Whites</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Anthony Pedersini</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

74

Total to Date

418

FOR THE FUNERAL OF

Louisa Schupnel

Date of Death,

June 25

190

9

Color

White

Age

28

Years.

Months

Days.

Name of Deceased,

Louisa Schupnel

Place of death,

No Adams.

Street,

Tyler St

Ward No.

Residence,

" "

Sex,

Female

Single,

Married,

Married

Occupation,

None

Wife of

Joseph Schupnel

Birth-place,

Germany

Widow of

Name of Father,

Karl Riss

His Birth-place, *

Germany

Maiden Name }
of Mother, }

Henrietta Gant

Her Birth-place, *

Germany

Cause of death, }

Primary, Typhoid Fever

Duration,

2 weeks

Cause of death, }

Secondary,

Duration,

Certifying Physician,

Dr. F. M. G. G. G.

His Residence,

Holden.

Place of burial,

No Adams St Joseph's

Cemetery, Lot or Grave No.

Section No.

Funeral Services at

St. Francis

Time of Services,

230 P.M. June 27 09

Date of Interment,

June 27

190

Diagram of
Burial Lot.Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number,

Flat Top crape

Size,

5/6

Made by

Florence

Lining,

White

Handles,

Nickel

Plate,

Sil

Outside Box,

Pine

Burial robe,

Wool dress

Preserving Body with

Eau

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

4 lbs.

Gloves,

6

Hearse to

St Joseph's Cemetery

Carriage for

" "

" "

Carriages at Funeral,

3

Death Notices in

Herald

Goods ordered by

Joseph Schupnel

Bill charged to

"

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 75

Total to Date 419

FOR THE FUNERAL OF

Mary Smith

Date of Death, July 2, 1909 Color † White Age { 75 Years.
 Name of Deceased, Mary Smith
 Place of death, No Adams. Street, No 8 Rand Ward No.
 Residence, " Sex, single Single, Married, married
 Occupation, None. Wife of Edward Smith
 Birth-place, Ireland Widow of
 Name of Father, Unknown His Birth-place, * Ireland
 Maiden Name } Her Birth-place, *
 of Mother, }
 Cause of death, { Primary, Gaiter Intestitis Duration, 3 days
 Cause of death, { Secondary, Duration,
 Certifying Physician, Dr. Crafts His Residence,
 Place of burial, No Adams So View Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis
 Time of Services, 9 A M July 5
 Date of Interment, July 5, 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, B Couch	Candles, 6 lbs
Size, 60 Made by Sisson	Gloves, 6 Pa. black
Lining, White	Hearse to So View Cemetery
Handles, Wood	Carriage for
Plate, "	" "
Outside Box, Chestnut	" "
Burial robe, Black Mahars	Carriages at Funeral, 4
Preserving Body with Esco	Death Notices in Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Miss Smith
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 76

FOR THE FUNERAL OF

Total to Date 420

Pauline Dupuis

Date of Death, *July 2* 190 *9* Color *White* Age *39* Years. *9* Months. *9* Days.

Name of Deceased, *Pauline Dupuis*

Place of death, *No Adams* Street, *58 Willow St* Ward No. *3*

Residence, *" "* Sex, *female* Single, *Single* Married, *Single*

Occupation, *None* Wife of *" "*

Birth-place, *No Adams* Widow of *" "*

Name of Father, *John Dupuis* His Birth-place, ** Canada*

Maiden Name of Mother, *Helene Durant* Her Birth-place, ** Schaghticoke N.Y.*

Cause of death, } Primary, *Tuberculosis of Bowels* Duration, *1 yr*

Cause of death, } Secondary, *unhunted* Duration, *" "*

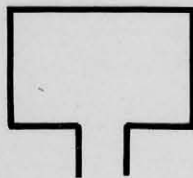
Certifying Physician, *Dr. F. M. Grath* His Residence, *Holden*

Place of burial, *No Adams So. Union* Cemetery, Lot or Grave No. *" "* Section No. *" "*

Funeral Services at *No Adams*

Time of Services, *2 P.M.*

Date of Interment, *July 4* 190 *9*

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: 

Casket or Coffin Number, <i># 5</i>	Candles, <i>2 lbs</i>
Size, <i>3 1/2</i> Made by <i>Florence</i>	Gloves, <i>4 Pr. White Boys</i>
Lining, <i>White</i>	Hearse to <i>So. Union</i> Cemetery
Handles, <i>Sil</i>	Carriage for <i>" "</i>
Plate, <i>" "</i>	" " <i>" "</i>
Outside Box, <i>Pine</i>	Carriages at Funeral, <i>5</i>
Burial robe, <i>" "</i>	Death Notices in <i>Dailies</i>
Preserving Body with <i>Esco</i>	
Washing and Dressing, <i>" "</i>	
Shaving, <i>" "</i>	
Services, <i>" "</i>	
Use of Chairs, <i>" "</i>	Goods ordered by <i>Mrs Dupuis</i>
Cemetery Fee, <i>" "</i>	Bill charged to <i>" "</i>

DR.

CR.

RECORD AND BILL OF ITEMS

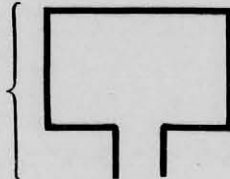
Yearly No. 77

Total to Date 42

FOR THE FUNERAL OF

Emile Canfroni.

Date of Death, July 5, 1909 Color † White Age 8 Years.
 Name of Deceased, Emile Canfroni Months.
 Place of death, No. Adams Street, 18 Ryan Lane Ward No.
 Residence, " " Sex, Male Single, Single Married, Days.
 Occupation, None. Wife of
 Birth-place, No. Adams Mass. Widow of
 Name of Father, Joseph Canfroni His Birth-place, * Italy
 Maiden Name of Mother, Blanch Jendron Her Birth-place, * Canada
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Mr. Matte His Residence, Church St.
 Place of burial, No. Adams Solvino Cemetery, Lot or Grave No. Section No.
 Funeral Services at
 Time of Services,
 Date of Interment, July 6, 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # P.H. Sq.	Candles, 2 lbs
Size, 2 1/2 Made by Woolley	Gloves, None
Lining, White	Hearse to Cemetery
Handles, Sil	Carriage for family
Plate, "	" "
Outside Box, None	" "
Burial robe, None	Carriages at Funeral
Preserving Body with	Death Notices in Mail
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by Joseph Canfroni
Cemetery Fee	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No.

78

FOR THE FUNERAL OF

Total to Date

422

Date of Death,

July 12

1908

Color †

White

Age

7

Years.

Months

Days.

Name of Deceased,

George Murphy

Place of death,

North Adams

Street,

Moulton Hill

Ward No.

Residence,

9 Moulton Hill

Sex,

male

Single,

single

Married

Occupation,

none

Wife of

—

Birth-place,

North Adams

Widow of

—

Name of Father,

John J. Murphy

His Birth-place, *

Stockbridge Mass

Maiden Name of Mother,

Harriet Spelman

Her Birth-place, *

Walesville Oneida Co. N.Y.

Cause of death,

Primary, Cholera Infantum

Duration,

seven days

Cause of death,

Secondary, " "

Duration,

" "

Certifying Physician,

J. A. Bucknall

His Residence,

29 Union St

Place of burial,

South View Cem

Cemetery, Lot or Grave No.

—

Section No.

Funeral Services at

Time of Services,

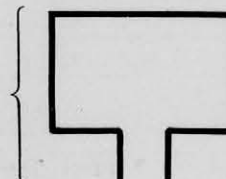
Date of Interment,

July 13

1908

Diagram of Burial Lot.

}



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number,

#5 PK

Size,

2/0

Made by

Florence

Lining,

satin

Handles,

lamb

Plate,

OD

Outside Box,

Pine

Burial robe,

awn dress

Preserving Body with

fidget

Washing and Dressing,

—

Shaving,

—

Services,

—

Use of Chairs,

—

Cemetery Fee,

—

Candles,

2 lb.

Gloves,

None

Hearse to

Cemetery

Carriage for

Family

" "

" "

Carriages at Funeral,

Death Notices in

Hailie's

Goods ordered by

John Murphy

Bill charged to

" "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 79

Total to Date.....423.....

FOR THE FUNERAL OF

Stephen Suratman

Date of Death, July 1909

Color †.....Age

{ **Years.**
 **Months.**
 **Days.**

Name of Deceased Stephen Surabman

Place of death,.....Street,.....**Ward No.**.....

Residence,..... Sex,..... Single..... Married.....

Occupation,.....Wife of

Birth-place.....Widow of.....

Name of Father, His Birth-place, *

Maiden Name }
of Mother, { Her Birth-place, *

Cause of death, } Primary,.....Duration,.....

Cause of death, { Secondary, Duration,

Certifying Physician.....His Residence.....

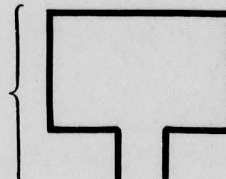
Place of burial, No. Adams Hillside Cemetery. Lot or Grave No. _____ Section No. _____

Funeral Services at.....

Time of Services.....

Date of Interment, 190.....

Diagram of Burial Lot. } 



Put in the Diagram one mark like this  for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,.....			Candles,.....		
-------------------------------	-------	-------	---------------	-------	-------

Size,	Made by	Gloves,
-------------	---------------	---------------

Lining..... Hearse to..... Cemetery

Handles.....				Carriage for.....		
--------------	-------	-------	-------	-------------------	-------	-------

Plate, <i>733</i>			" "		
-------------------	--	--	-----	--	--

Outside Box.....				“ “
------------------	--	--	--	-----------

Burial robe,			Carriages at Funeral,		
--------------------	-------	-------	-----------------------------	-------	-------

Preserving Body with.....			Death Notices in.....		
---------------------------	-------	-------	-----------------------	-------	-------

[illegible]

Shaving.....					
--------------	-------	-------	-------	-------	-------

Services,						
-----------------	-------	-------	-------	-------	-------	-------

Use of Chairs, Goods ordered by William Johnson

Cemetery Fee,			Bill charged to.....	
---------------------	-------	-------	----------------------	-------

Goods ordered by William Johnson

Bill charged to.....

DR.

CR.

[illegible]

RECORD AND BILL OF ITEMS

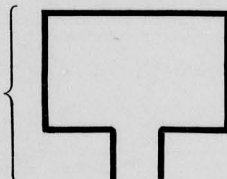
Yearly No. 80

FOR THE FUNERAL OF

Total to Date 424

Winnis M^c Kenna

Date of Death, July 14 1909 Color † White Age { 63 Years.
 Name of Deceased, Winnis M^c Kenna Months
 Days.
 Place of death, No Adams Street, 47 Ashland St Ward No.
 Residence, No Adams Sex, Male Single, Married, Married
 Occupation, Laborer Wife of
 Birth-place, No Adams Widow of
 Name of Father, Frank M^c Kenna His Birth-place, * Ireland
 Maiden Name of Mother, Margaret Moriarty Her Birth-place, *
 Cause of death, Primary, Val. License of Heart Duration,
 Cause of death, Secondary, Duration,
 Certifying Physician, Dr. A. J. Brown His Residence,
 Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A. M. July 16
 Date of Interment, July 16 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 3110	Candles, 6 lbs
Size, 5/4 Made by National	Gloves, 6 Pr. Black
Lining, White	Hearse to Hillside Cemetery
Handles, Sil & Sat	Carriage for
Plate, Sil	" "
Outside Box, Pine	" "
Burial robe, Black Cash	Carriages at Funeral, 5
Preserving Body with Esco	Death Notices in Mailer
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs M ^c Kenna
Cemetery Fee,	Bill charged to " " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 81Total to Date 425

FOR THE FUNERAL OF

Marion Rose Stuart

Date of Death, July 15 1909 Color White Age { 12 Years.
— Months.
— Days.
Name of Deceased, Marion Rose Stuart
Place of death, No. Adams Hospital Street, — Ward No. —
Residence, 6/ River St No. Adams Sex, female Single, Single Married, —
Occupation, Student Wife of —
Birth-place, No. Adams Mass Widow of —
Name of Father, William Stuart His Birth-place, * Ireland
Maiden Name of Mother, { Margaret Roach Her Birth-place, * —
Cause of death, { Primary, Pneumonia Duration, —
Cause of death, { Secondary, — Duration, —
Certifying Physician, Dr. A. J. Brown His Residence, —
Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. — Section No. —
Funeral Services at St Francis
Time of Services, 2:30 P.M. July 17
Date of Interment, July 17 1909 Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 
† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 41</u>	Candles, <u>6 lbs.</u>
Size, <u>5/6</u> Made by <u>F. Louice</u>	Gloves, <u>6 Pr. White</u>
Lining, <u>White</u>	Hearse to, <u>Hillside Cemetery</u>
Handles, <u>Sil</u>	Carriage for, <u>—</u>
Plate, <u>—</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>Quince</u>	Carriages at Funeral, <u>3</u>
Preserving Body with, <u>Esco</u>	Death Notices in, <u>Dailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by, <u>William Stuart</u>
Cemetery Fee, <u>—</u>	Bill charged to, <u>—</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 82

FOR THE FUNERAL OF

Total to Date 426

Catharine Thurrell Cote,

Date of Death, July 19 1909 Color † White Age { 4 Years.
4 Months
4 Days

Name of Deceased, Catharine Thurrell Cote

Place of death, No. Adams Hospital Street, Ward No.

Residence, 4 1/2 Centre St. Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, Israel Cote His Birth-place, *

Maiden Name } Catharine Thurrell Her Birth-place, *

Cause of death, { Primary, Tubercular Meningitis Duration, 3 da

Cause of death, { Secondary, Duration,

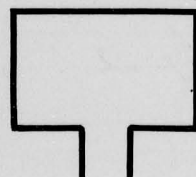
Certifying Physician, Mr. Stafford His Residence,

Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at, None.

Time of Services, "

Date of Interment, July 21 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5

Size, 3/6 Made by, Zeloune

Lining, White

Handles, Sil

Plate,

Outside Box, Pink

Burial robe, Union dress.

Preserving Body with, Esco.

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles, 4 lbs

Gloves, —

Hearse to — Cemetery

Carriage for

" "

" "

Carriages at Funeral, 3

Death Notices in, Daily

Goods ordered by, Mrs Martha Thurrell

Bill charged to, " " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No.

83

FOR THE FUNERAL OF

Total to Date

427

Date of Death,

July 18,

1909

Color †

White

Age

15

Years.

6

Months.

22

Days.

Name of Deceased,

John Joseph Nagle

Place of death,

Arlington N.J.

Street,

523 Forest St

Ward No.

Residence,

" " " "

Sex,

Male

Single,

Single

Married,

Occupation,

Student

Wife of

Birth-place,

Arlington N.J.

Widow of

Name of Father,

Michael F. Nagle

His Birth-place, *

Maiden Name }
of Mother, }

Her Birth-place, *

Cause of death, }

Primary,

Cardiac Paralysis

Duration,

Cause of death, }

Secondary,

Duration,

Certifying Physician,

Dr. E. L. Dornum

His Residence,

Arlington N.J.

Place of burial,

No. Adams Saline

Cemetery, Lot or Grave No.

270

Section No.

flat

Funeral Services at

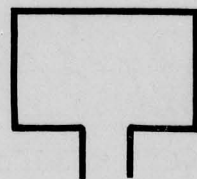
Arlington N.J.

Time of Services,

Date of Interment,

July 21

1909

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number,

White Plush

Size,

Made by

Lining,

Handles,

Plate,

Outside Box,

Burial robe,

Preserving Body with

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

None

Gloves,

Hearse to

St. Vincent Cemetery

Carriage for

" "

" "

Carriages at Funeral,

3

Death Notices in

Dailies

Goods ordered by

Michael Nagle

Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 84

FOR THE FUNERAL OF

Total to Date 428

Helen Lillian Logrand

Date of Death, July 20 1909 Color † White Age { 1 Years.
24 Months
24 Days

Name of Deceased, Helen Lillian Logrand

Place of death, No. Adams Street, 9, W. 1st Ave. Ward No.

Residence, " " Sex, female Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, Mervin Logrand His Birth-place, * Canada

Maiden Name of Mother, Hattie Buchanan Her Birth-place, * Brimington Vt.

Cause of death, { Primary, Entero Colitis Duration,

Cause of death, { Secondary, Duration,

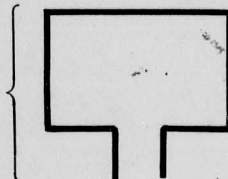
Certifying Physician, Dr. Crofts His Residence,

Place of burial, No. Adams So. Union Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services, "

Date of Interment, July 22 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5

Size, 2/9 Made by Florence

Lining, White

Handles, Lil

Plate, Blue & Darling

Outside Box, Pine

Burial robe, Blue dress

Preserving Body with, Fridge

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles, 2 lbs.

Gloves, None

Hearse to Cemetery

Carriage for family

" "

" "

Carriages at Funeral, 2

Death Notices in Herald

Goods ordered by Mervin Logrand

Bill charged to "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 85

Total to Date 429

FOR THE FUNERAL OF

Charles J. Grady

Date of Death, July 21, 1909 Color † White Age { 19 Years. 0 Months. 0 Days.

Name of Deceased, Charles J. Grady

Place of death, No. Adams Hospital Street, Ward No.

Residence, Williamstown, Mass. Sex, Male Single, Single Married,

Occupation, Stenographer Wife of

Birth-place, No. Adams Mass. Widow of

Name of Father, John Grady His Birth-place, * Pownal Vt

Maiden Name of Mother, Mary Cullen Her Birth-place, * No. Adams Mass

Cause of death, { Primary, Appendicitis Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, Dr. Stafford His Residence, Sumner

Place of burial, Williamstown, E. Lawn Cemetery, Lot or Grave No. Section No.

Funeral Services at Williamstown

Time of Services, 9:45 A. M., July 23

Date of Interment, July 23, 1909

Diagram of Burial Lot. }

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 3163 1/2	Candles, 6 lbs.
Size, 6/3 Made by Florence	Gloves, 6 P. S. S.
Lining, White Satin	Hearse to, East Lawn Cemetery
Handles, Sil	Carriage for,
Plate,	" "
Outside Box, Chestnut	" "
Burial robe, Lin Cloth	Carriages at Funeral, 8
Preserving Body with, Esco.	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Mrs. Grady
Cemetery Fee,	Bill charged to, " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 86

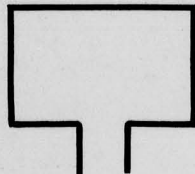
Total to Date 430

FOR THE FUNERAL OF

Amelia Leclair

Date of Death July 24 1907 Color † White Age { 57 Years.
Name of Deceased, Amelia Leclair
Place of death, 38 Marshall Street, Ward No.
Residence, " " Sex, female Single, Married,
Occupation, Nurse Wife of Alexander Leclair
Birth-place, Canada Widow of
Name of Father, Unknown His Birth-place, * Unknown
Maiden Name } " Her Birth-place, * "
Cause of death, { Primary, Heart Disease Duration,
Cause of death, { Secondary, Dropsy Duration,
Certifying Physician, Dr. Hapley His Residence, Ashland
Place of burial, No. Adams St. Vine Cemetery, Lot or Grave No. Section No. Three
Funeral Services at, Notre Dame
Time of Services, 2 P. M. July 26
Date of Interment, July 26 1907

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, Flat Top Casket	Candles, 2 lbs.
Size, 6/0 Made by Florence	Gloves, None
Lining, White	Hearse to, So. Vine Cemetery
Handles, Nickel	Carriage for, Family
Plate, Sil	" " "
Outside Box, Pine	" " "
Burial robe, Undress	Carriages at Funeral, 1
Preserving Body with, Esco	Death Notices in, Dailies
Washing and Dressing, " "	
Shaving, " "	
Services, " "	
Use of Chairs, " "	Goods ordered by, Mrs. Safford
Cemetery Fee, " "	Bill charged to, " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 87Total to Date 431

FOR THE FUNERAL OF

Bertha May Benton

Date of Death, July 26 1909 Color White Age { 2 Years. 2 Months. 7 Days.

Name of Deceased, Bertha May Benton

Place of death, No. Adams Mass. Street, 189 Houghton Ward No.

Residence, " " " Sex, female Single Single Married,

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, Leonard Benton His Birth-place, *

Maiden Name of Mother, Emma Haley Her Birth-place, *

Cause of death, { Primary, Gastro-Enteritis Duration, 4 days

Cause of death, { Secondary, Duration,

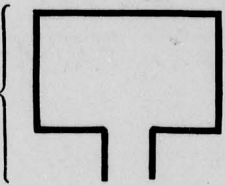
Certifying Physician, Dr. Bushnell His Residence, Union St

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at Home

Time of Services, 2 P.M. July 27 09

Date of Interment, July 27 1909

Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#2 like 013</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>Dooley</u>	Gloves,
Lining, <u>White</u>	Hearse to Cemetery
Handles, <u>Lamb</u>	Carriage for <u>family</u>
Plate, <u>Blue Darling</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Wingless</u>	Carriages at Funeral,
Preserving Body with <u>Fridgid</u>	Death Notices in <u>Dailies</u>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <u>Leonard Benton</u>
Cemetery Fee,	Bill charged to <u>Leonard</u>

DR.

CR.

Yearly No.

88

RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to Date

402

Helina Perrault

Date of Death,

July 27

1909

Color

White

Age

7

Years.

Months

Days

Name of Deceased,

Helina Perrault

Place of death,

No Adams.

Street,

130 Cliff St

Ward No.

Residence,

" "

Sex,

female

Single,

Single Married,

Occupation,

None

Wife of

Birth-place,

No Adams.

Widow of

Name of Father,

Edward Perrault

His Birth-place, *

Canada.

Maiden Name

Helina Perrault

Her Birth-place, *

"

Cause of death,

Primary,

Intestinal Infection

Duration,

Cause of death,

Secondary,

Duration,

Certifying Physician,

Dr. Brosseau

His Residence,

Eagle

Place of burial,

No Adams So. Union

Cemetery, Lot or Grave No.

Section No.

Funeral Services at

Notre Dame

Time of Services,

2 P.M.

Date of Interment,

July 29

1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black.

* Insert Town and State.

Casket or Coffin Number,

5

Size,

3/8

Made by

Flournoy

Lining,

White

Handles,

Leather

Plate,

Silver Darling

Outside Box,

Pine

Burial robe,

Linen dress

Preserving Body with

Fidgid

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to

Cemetery

Carriage for

" "

" "

Carriages at Funeral,

Death Notices in

Goods ordered by

Edward Perrault

Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 89Total to Date 423

FOR THE FUNERAL OF

Louis Tessier

Date of Death, July 27 1909 Color White Age { 6 Years. 7 Months. 7 Days.

Name of Deceased, Louis Tessier

Place of death, No. Adams Street, 46 Centre Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, Nelson Tessier His Birth-place, * Canada

Maiden Name of Mother, Sylvia Lippa Her Birth-place, * "

Cause of death, { Primary, Cholera Infantum Duration,

Cause of death, { Secondary, Duration,

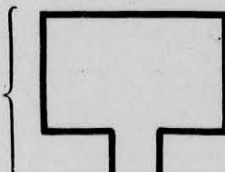
Certifying Physician, Dr. Brosseau His Residence, Eagle

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, July 28 1909

Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

Casket or Coffin Number, <u># 212</u>	Candles, <u></u>
Size, <u>2 1/3</u> Made by <u>H. Lounce</u>	Gloves, <u></u>
Lining, <u>White</u>	Hearse to <u>None</u> Cemetery <u></u>
Handles, <u>Leam</u>	Carriage for <u>family</u>
Plate, <u>Wm. Darling</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Wm. dress.</u>	Carriages at Funeral, <u></u>
Preserving Body with <u>Hidgid</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Louis Tessier</u>
Cemetery Fee, <u></u>	Bill charged to <u></u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 90

FOR THE FUNERAL OF

Total to Date \$34

Mary E. Lafountain

Date of Death, *July 30* 190*9* Color *White* Age { *1* Years.
2 Months
2 Days.

Name of Deceased, *Mary Lafountain*

Place of death, *Clarksburg Mass.* Street, _____ Ward No. _____

Residence, *"* Sex, *female* Single, *Single* Married, _____

Occupation, *None* Wife of _____

Birth-place, *Clarksburg* Widow of _____

Name of Father, *Samuel Lafountain* His Birth-place, * *Champlain N.Y.*

Maiden Name of Mother, { *Françoise Dransault* Her Birth-place, * *St John's Canada*

Cause of death, { Primary, *Cholera infantum* Duration, _____

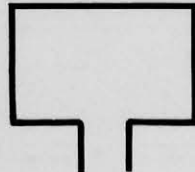
Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, *Dr. Harper* His Residence, _____

Place of burial, *No Adams St. View* Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at *None*

Time of Services, _____

Date of Interment, *July 31* 190*9* Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 5</i>	Candles, <i>2 lbs.</i>
Size, <i>2 1/2</i> Made by <i>Filouance</i>	Gloves, _____
Lining, <i>White</i>	Hearse to <i>None</i> Cemetery _____
Handles, <i>Leant</i>	Carriage for <i>family</i>
Plate, <i>View Darling</i>	" " _____
Outside Box, <i>None</i>	" " _____
Burial robe, _____	Carriages at Funeral, <i>1</i>
Preserving Body with _____	Death Notices in <i>Wailes</i>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <i>Samuel Lafountain</i>
Cemetery Fee, _____	Bill charged to _____

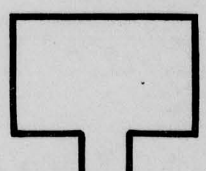
Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 91Total to Date 435

FOR THE FUNERAL OF

Bresianis CazzaglioDate of Death, Aug 1 1909 Color White Age { 7 Years.
Months.
Days.Name of Deceased, BresianisPlace of death, No. Adams Street, 148 State St Ward No. Residence, " Sex, Male Single Single Married, Occupation, None Wife of Birth-place, No. Adams Widow of Name of Father, Stephen Cazzaglio His Birth-place, ItalyMaiden Name of Mother, Marguerite Lucia Her Birth-place, "Cause of death, { Primary, Cholera Infantum Duration, 4 daysCause of death, { Secondary, Duration, Certifying Physician, Dr Brosseau His Residence, Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No. FreeFuneral Services at NoneTime of Services, Date of Interment, Aug 2 1909 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 013</u>	Candles, <u></u>
Size, <u>2 1/2</u> Made by <u>F. Lorraine</u>	Gloves, <u></u>
Lining, <u>White</u>	Hearse to <u></u> Cemetery <u></u>
Handles, <u>Leam</u>	Carriage for <u>family</u>
Plate, <u>Our Darling</u>	" " <u></u>
Outside Box, <u>Prin</u>	" " <u></u>
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, <u>1</u>
Preserving Body with <u></u>	Death Notices in <u>Local</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Bresianis Cazzaglio</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 92

FOR THE FUNERAL OF

Total to Date 436

Mildred H. Hillard

Date of Death, Aug 5, 1909 Color White Age { 5 Years.
5 Months.
Days.

Name of Deceased, Mildred Hillard

Place of death, No Adams, 16 Potter Place Ward No.

Residence, " " Sex, female Single, Married,

Occupation, None Wife of

Birth-place, No Adams Widow of

Name of Father, Charles E Hillard His Birth-place, * Stamford Vt.

Maiden Name of Mother, Jennie Corbine Her Birth-place, * Housick Falls N.Y.

Cause of death, Primary, Transition Duration,

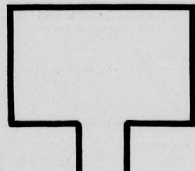
Cause of death, Secondary, Duration,

Certifying Physician, Dr. A. J. Brown His Residence,

Place of burial, No Adams or West Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services, "

Date of Interment, Aug 7, 1909 Diagram of Burial Lot. } 

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 2112	Candles, 2 lbs
Size, 2/3 Made by Filmore	Gloves, None
Lining, White	Hearse to Cemetery
Handles, Pearl	Carriage for
Plate, Mr. Darling	" "
Outside Box, Pine	" "
Burial robe,	Carriages at Funeral, 1
Preserving Body with	Death Notices in Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Chas Hillard
Cemetery Fee,	Bill charged to

Dr.

Cr.

Casket or Coffin Number,.....	01112	Candles,.....	
Size,.....	2/6	Gloves,.....	
Lining,.....	White	Hearse to.....	Cemetery.....
Handles,.....	Leant	Carriage for.....	
Plate,.....	Our Darling	" ".....	
Outside Box,.....	Pair	" ".....	
Burial robe,.....		Carriages at Funeral,.....	
Preserving Body with.....		Death Notices in.....	Times
Washing and Dressing,.....			
Shaving,.....			
Services,.....			
Use of Chairs,.....		Goods ordered by.....	Victoria Laszykowska
Cemetery Fee,.....		Bill charged to.....	

CR.

[illegible]

RECORD AND BILL OF ITEMS

Yearly No. 95

Total to Date \$39

FOR THE FUNERAL OF

Male inf. Stephanie Stoj

Date of Death, Aug 7 1909 Color † White Age { } Years. Months. Days.

Name of Deceased, Male inf. Stephanie Stoj

Place of death, No. Adams Street, 12 Park St. Ward No.

Residence, " " Sex, Male Single, Married,

Occupation, None Wife of

Birth-place, No. Adams. Widow of

Name of Father, ? His Birth-place, *

Maiden Name of Mother, Stephanie Stoj Her Birth-place, * Poland

Cause of death, Primary, Pneumonia Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Mr. Forester His Residence,

Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.

Funeral Services at, None

Time of Services,

Date of Interment, Aug 9 1909

Diagram of Burial Lot. }

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. K. 29	Candles, —
Size, 2 1/2	Gloves, —
Made by, Woolley	Hearse to, Cemetery
Lining, White	Carriage for, —
Handles, —	" " —
Plate, —	" " —
Outside Box, —	Carriages at Funeral, —
Burial robe, —	Death Notices in, —
Preserving Body with, —	
Washing and Dressing, —	
Shaving, —	
Services, —	
Use of Chairs, —	Goods ordered by, Stephanie Stoj
Cemetery Fee, —	Bill charged to, City of No. Adams

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 96

FOR THE FUNERAL OF

Total to Date 440

John Bernard Murphy

Date of Death, Aug 10 1909 Color White Age 10 Years. 10 Months. Days.

Name of Deceased, John Bernard Murphy

Place of death, No. Adams Street, 8 Harrison Ave Ward No.

Residence, " " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No. Adams Widow of

Name of Father, John T. Murphy His Birth-place, * Canada

Maiden Name of Mother, Theresa Broderick Her Birth-place, * Ireland

Cause of death, } Primary, Duration,

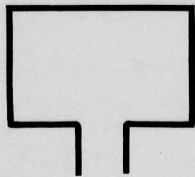
Cause of death, } Secondary, Duration,

Certifying Physician, Mr. Canedy His Residence,

Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, Aug 11 1909 Diagram of Burial Lot. 

† State whether *White* or *Black*. * Insert *Town* and *State*.

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: † 

Casket or Coffin Number, <u># 5-</u>	Candles, <u>2 lbs</u>
Size, <u>2/4</u> Made by <u>Florence</u>	Gloves, <u></u>
Lining, <u>White</u>	Hearse to <u></u> Cemetery <u></u>
Handles, <u>Sant.</u>	Carriage for <u></u>
Plate, <u>Miss Darling</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u></u>	Carriages at Funeral, <u>Wailies</u>
Preserving Body with <u>Fridgid</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>John Murphy</u>
Cemetery Fee, <u></u>	Bill charged to <u>" "</u>

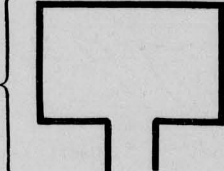
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 97Total to Date 441

FOR THE FUNERAL OF

James HoltDate of Death, Aug 10 1909Color White Age 65 Years. — Months. — Days.Name of Deceased, James HoltPlace of death, Saratoga Sp. N. Y. Street, — Ward No. —Residence, Leabour Sex, Male Single, Single Married, —Occupation, — Wife of —Birth-place, — Widow of —Name of Father, — His Birth-place, * —Maiden Name of Mother, — Her Birth-place, * —Cause of death, } Primary, overdose of opium Duration, —Cause of death, } Secondary, — Duration, —Certifying Physician, Saratoga General His Residence, —Place of burial, No. Adams So. View Cemetery, Lot or Grave No. — Section No. —Funeral Services at, No. AdamsTime of Services, 2 P.M.Date of Interment, Aug 13 1909Diagram of Burial Lot. } Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1210Size, 5/9 Made by Nat.Lining, WhiteHandles, SilPlate, —Outside Box, PrimBurial robe, Black Cash.Preserving Body with —Washing and Dressing, —Shaving, —Services, —Use of Chairs, —Cemetery Fee, —Candles, NoneGloves, 6 Pr. BlackHearse to So. View CemeteryCarriage for —" " —" " —Carriages at Funeral, 4-3 seaterDeath Notices in Wailes" " —" " —" " —Goods ordered by E. A. BennettBill charged to —

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 98

Total to Date... 542

FOR THE FUNERAL OF

Edward Basharkin
 Date of Death, Aug 12, 1909 Color White Age { 24 Years.
 Name of Deceased, Edward Basharkin Months
 Place of death, No Adams Hospital Street, Ward No. Days.
 Residence, 133 Ashland St No Adams Sex, Male Single, Single Married,
 Occupation, Braddler Wife of
 Birth-place, Russia Widow of
 Name of Father, Abraham Basharkin His Birth-place, * Russia
 Maiden Name of Mother, Ida Kronick Her Birth-place, * "
 Cause of death, } Primary, Typhoid Fever Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Mr. Stafford His Residence, Summer St
 Place of burial, Jew Cemetery Cemetery, Lot or Grave No. Section No.
 Funeral Services at

Time of Services,

Date of Interment, Aug 13 1909

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this for every Grave in it. And mark *this* Burial with double dagger thus: †

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,

Size,.....Made by

Lining,

Handles,

Plate,

Outside Box,

Burial robe,

Preserving Body with.

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles,

Gloves,

Hearse to.....Cemetery

Carriage for

“ “

“ “

Carriages at Funeral,

Death Notices in

Goods ordered by

Bill charged to.

DR.

CR.

RECORD AND BILL OF ITEMS

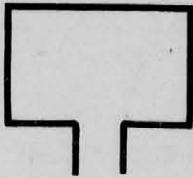
Yearly No. 99

Total to Date 43

FOR THE FUNERAL OF

May Brlatuchk

Date of Death, Aug 13 1909 Color † White Age { 10 Years.
 Name of Deceased, Mary Brlatuchk { 22 Months.
 Place of death, Clarksburg Street, Gleason St Ward No.
 Residence, " Sex, female Single, Single Married,
 Occupation, Nurse Wife of
 Birth-place, Clarksburg Widow of
 Name of Father, Michael Brlatuchk His Birth-place, * Russia
 Maiden Name of Mother, Mary Tasuck Her Birth-place, * "
 Cause of death, { Primary, Gastro-Enteritis Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Mr. Horner His Residence,
 Place of burial, No. Adams St Joseph's Cemetery, Lot or Grave No. Section No.
 Funeral Services at, Nurse
 Time of Services, "
 Date of Interment, Aug 14 1909

Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 5	Candles, 2 lbs.
Size, 2/3 Made by Florence	Gloves, —
Lining, White	Hearse to, — Cemetery
Handles, Lamb	Carriage for, —
Plate, Mrs. Babs	" " —
Outside Box, Pine	" " —
Burial robe, Green dress	Carriages at Funeral, 3
Preserving Body with, —	Death Notices in, Dailies
Washing and Dressing, —	
Shaving, —	
Services, —	
Use of Chairs, —	Goods ordered by, Michael Brlatuchk
Cemetery Fee, —	Bill charged to, " "

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 100

FOR THE FUNERAL OF

Total to Date 444

Barbara Stummus

Date of Death, Aug 15 1909 Color † White Age { 9 Years.
 Name of Deceased, Barbara Stummus { 9 Months
 Place of death, No. Adams. Street, 101 Gallup Ward No. { 9 Days
 Residence, " " Sex, female Single, Single Married
 Occupation, None Wife of
 Birth-place, Guelph, Ontario Widow of
 Name of Father, Frank Stummus His Birth-place, * Germany
 Maiden Name of Mother, Mary Morrison Her Birth-place, * "
 Cause of death, { Primary, Intercalitis Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Mr. Bushnell His Residence, No. Adams
 Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.
 Funeral Services at, None

Time of Services, "
 Date of Interment, Aug 16 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, PK coffin	Candles,
Size, 2 1/2 Made by Woolly	Gloves,
Lining, White	Hearse to Cemetery
Handles, Leant	Carriage for
Plate, New Darling	" "
Outside Box, Pine	" "
Burial robe, Own Cloth	Carriages at Funeral,
Preserving Body with	Death Notices in, Wailis
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Frank Stummus
Cemetery Fee,	Bill charged to, " "

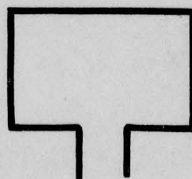
Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 101Total to Date 545

FOR THE FUNERAL OF

Andonia DemarcoDate of Death, Aug 17 1909 Color White Age 63 Years. — Months. — Days.Name of Deceased, Andonia DemarcoPlace of death, No. Adams Street, 74 Turners Ward No. —Residence, " Sex, female Single, Widow Married, —Occupation, Nurse Wife of —Birth-place, Italy Widow of Patrick DemarcoName of Father, Stephano Mangello His Birth-place, * ItalyMaiden Name of Mother, Unknown Her Birth-place, * —Cause of death, } Primary, Cerebral apoplexy Duration, —Cause of death, } Secondary, Paralysis Duration, —Certifying Physician, Dr. Hobbs His Residence, MainePlace of burial, No. Adams So. View Cemetery, Lot or Grave No. — Section No. freeFuneral Services at St. Anthony'sTime of Services, 8 PMDate of Interment, Aug 18 1909Diagram of
Burial Lot. }Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Flat top	Casket or Coffin Number, <u>578 Crape</u>	Candles, <u>4 lbs</u>
Size, <u>5-7/8</u>	Made by <u>Florence</u>	Gloves, <u>—</u>
Lining, <u>common</u>		Hearse to <u>St. View</u> Cemetery
Handles, <u>silver has</u>		Carriage for
Plate, <u>silver cast</u>		" "
Outside Box, <u>none</u>		" "
Burial robe, <u>even dress</u>		Carriages at Funeral, <u>4</u>
Preserving Body with <u>Exco</u>		Death Notices in <u>Wailies</u>
Washing and Dressing, <u>—</u>		
Shaving, <u>—</u>		
Services, <u>—</u>		
Use of Chairs, <u>—</u>		Goods ordered by <u>Nicholas Demarco</u>
Cemetery Fee, <u>none</u>		Bill charged to <u>—</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 102

FOR THE FUNERAL OF

Total to Date 546

Anthony Musilano

Date of Death, Aug 17 1909 Color † White Age { 78 Years.
Months
Days.

Name of Deceased, Anthony Musilano

Place of death, No. Adams, Street, 256 Ashland Ward No.

Residence, " " Sex, Male Single, Married, —

Occupation, Laborer Wife of

Birth-place, Italy Widow of

Name of Father, John Musilano His Birth-place, * Italy

Maiden Name of Mother, Mary White Her Birth-place, * "

Cause of death, { Primary, Chronic Bronchitis Duration, 2 yrs.

Cause of death, { Secondary, Duration,

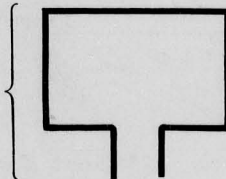
Certifying Physician, Dr. Brasseur His Residence,

Place of burial, No. Adams, St. Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at St. Anthony's

Time of Services, 9 A. M. Aug 17, 09

Date of Interment, Aug 19 1909

Diagram of
Burial Lot. }Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, flat Top, 6/8 Crap	Candles, 4 lbs.
Size, 6/8 Made by Bristol	Gloves, 6 pr. black
Lining, White	Hearse to St. Joseph's Cemetery
Handles, Sil	Carriage for
Plate, Sil	" "
Outside Box, Pine	" "
Burial robe, Unn Clothes	Carriages at Funeral, Eight
Preserving Body with, Esco	Death Notices in, Mailer
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs, 4	Goods ordered by Charles Musilano
Cemetery Fee, none	Bill charged to, " "

Dr.

Cr.

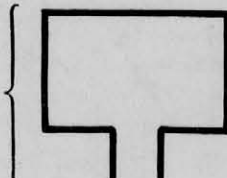
RECORD AND BILL OF ITEMS

Yearly No. 103Total to Date 2/47

FOR THE FUNERAL OF

Catharine GormanDate of Death, Aug 18 1909 Color White Age { 53 Years.Name of Deceased, Catharine Gorman Months.Place of death, No. Adams Street, 339 E Main Ward No. Residence, " Sex, female Single, Married, WidowedOccupation, None Wife of Birth-place, Stamucco Pa. Widow of John GormanName of Father, Patrick Maherty His Birth-place, ClrelandMaiden Name of Mother, Margaret Farrell Her Birth-place, "Cause of death, { Primary, Acute Nephritis Duration, Cause of death, { Secondary, Duration, Certifying Physician, Dr. Croft His Residence, Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No. Funeral Services at 9 A M St FrancisTime of Services, 9 A M Aug 21 '09Date of Interment, Aug 21 1909

Diagram of Burial Lot. {



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Egyptian</u>	Candles, <u>6 lbs</u>
Size, <u>6/6</u> Made by <u>Anti Trust</u>	Gloves, <u>6 P black</u>
Lining, <u>White Satin</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Silt & Op</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>Six</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Wailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Frank Gorman</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 104

FOR THE FUNERAL OF

Total to Date 448

Peter Giardi

Date of Death, *Aug 19* 190*9* Color *White* Age *11* Years. *10* Months. *19* Days.

Name of Deceased, *Peter Giardi*

Place of death, *No. Adams Hospital* Street, Ward No.

Residence, *Clarksburg* Sex, *Male* Single, *Single* Married,

Occupation, *Student* Wife of

Birth-place, *North Adams* Widow of

Name of Father, *Peter Giardi* His Birth-place, * *Italy*

Maiden Name of Mother, *Mary Falkin* Her Birth-place, * *Canada*

Cause of death, { Primary, *Suppurative Pneumonia* Duration, *10 days*

Cause of death, { Secondary, Duration, *10 days*

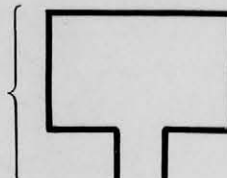
Certifying Physician, *Dr. Forrester* His Residence, *Union St*

Place of burial, *No. Adams So. View* Cemetery, Lot or Grave No. Section No.

Funeral Services at *Notre Dame*

Time of Services, *2 P. M.*

Date of Interment, *Aug 21* 190*9*

Diagram of
Burial Lot.

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>013</i>	Candles, <i>4 lbs.</i>
Size, <i>4/6</i> Made by <i>F. Louence</i>	Gloves, <i>Black</i>
Lining, <i>White</i>	Hearse to <i>So. View Cemetery</i>
Handles, <i>Sil</i>	Carriage for <i></i>
Plate, <i>Wm. Darling</i>	" " <i></i>
Outside Box, <i>Pine</i>	" " <i></i>
Burial robe, <i>Wm. Clothes</i>	Carriages at Funeral, <i>3</i>
Preserving Body with <i>Esco.</i>	Death Notices in <i>Dailies</i>
Washing and Dressing, <i></i>	
Shaving, <i></i>	
Services, <i></i>	
Use of Chairs, <i></i>	Goods ordered by <i>Peter Giardi</i>
Cemetery Fee, <i>3.00</i>	Bill charged to <i>" "</i>

Dr.

Cr.

RECORD AND BILL OF ITEMS

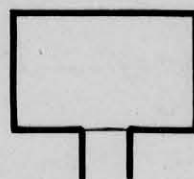
Yearly No. 106

Total to Date 449

FOR THE FUNERAL OF

Sarah Belanger

Date of Death, Aug 24 1909 Color † White Age { 93 Years.
 Name of Deceased, Sarah Belanger Months.
 Place of death, No Adams Street, Cleveland Ohio Ward No. Days.
 Residence, " " Sex, female Single, Married, married
 Occupation, Housewife Wife of Michael Belanger
 Birth-place, Clarksburg Mass Widow of
 Name of Father, Robert Hampton His Birth-place, * England
 Maiden Name of Mother, Phillis Bennett Her Birth-place, * "
 Cause of death, { Primary, Acute Heart disease Duration,
 Cause of death, { Secondary, " Indigestion Duration,
 Certifying Physician, Dr M M Brown His Residence, Main St
 Place of burial, No Adams So Union Cemetery, Lot or Grave No. Section No.
 Funeral Services at, Notre Dame
 Time of Services, 9 A.M. Aug 27 09
 Date of Interment, Aug 27 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 1210 Extra Size	Candles, 6 lbs.
Size, 6/8 Extra Made by National	Gloves, 6 Pr. black
Lining, White	Hearse to So Union Cemetery
Handles, Sil	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Union Dress	Carriages at Funeral, 10
Preserving Body with Esco,	Death Notices in Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Michael Belanger
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 106

FOR THE FUNERAL OF

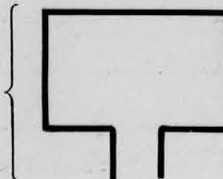
Total to Date 450

Mary F. Allord.

Date of Death, Aug 28, 1909 Color † White Age { 3 Years.
15 Months.
15 Days.
Name of Deceased, Mary Allord.
Place of death, No. Adams Street, 5 Tannery Yard Ward No.
Residence, Sex, female Single, Single Married,
Occupation, None Wife of
Birth-place, No. Adams Widow of
Name of Father, Fred. Allord His Birth-place, * Can.
Maiden Name of Mother, Antonia Rivard Her Birth-place, *
Cause of death, { Primary, Cholera Infantum Duration,
Cause of death, { Secondary, Duration,
Certifying Physician, Mr. Brossard His Residence,
Place of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.
Funeral Services at, Notre Dame.

Time of Services,
Date of Interment, Aug 29, 1909

Diagram of
Burial Lot.



Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P.K.	Candles, 2 lbs.
Size, 2/0 Made by Miller B.	Gloves, None
Lining, White	Hearse to Cemetery
Handles, Leams	Carriage for family
Plate, Our Balm	" "
Outside Box, Pine	" "
Burial robe, Green Dress	Carriages at Funeral, 1
Preserving Body with, Fridgid	Death Notices in, Herald
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, Fred. Allord
Cemetery Fee,	Bill charged to, " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 107

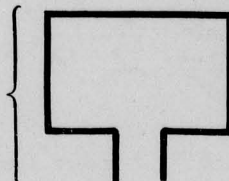
Total to Date 467

FOR THE FUNERAL OF

Rolland Cardinal

Date of Death, September 1 1909 Color White Age { 7 Years.
7 Months.
7 Days.
Name of Deceased, Rolland Cardinal
Place of death, Clarksburg Street, Halls Ground Ward No. _____
Residence, " Sex, Male Single, Single Married, _____
Occupation, None Wife of _____
Birth-place, Clarksburg Widow of _____
Name of Father, Edward Cardinal His Birth-place, * No. Adams
Maiden Name of Mother, Isabella Blue Her Birth-place, * Albany N.Y.
Cause of death, { Primary, Cholera Infantum Duration, _____
Cause of death, { Secondary, _____ Duration, _____
Certifying Physician, Mr. Stafford His Residence, Summer
Place of burial, No. Adams So. Vine Cemetery, Lot or Grave No. _____ Section No. _____
Funeral Services at None

Time of Services, _____

Date of Interment, Sept 2 1909Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 12</u>	Candles, <u>2 lbs</u>
Size, <u>2/3</u> Made by <u>Miller & B.</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to _____ Cemetery _____
Handles, <u>Lamb</u>	Carriage for <u>family</u>
Plate, <u>Blue. Baby.</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, <u>Blue Cloth</u>	Carriages at Funeral _____
Preserving Body with _____	Death Notices in <u>Wailie</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Edward Cardinal</u>
Cemetery Fee, _____	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 108

FOR THE FUNERAL OF

Total to Date \$62

Amos Barcomb

Date of Death, Sept. 1 1909 Color White Age 3 Years. Months. Days.

Name of Deceased, Amos Barcomb

Place of death, No. Adams Street, 313 River Ward No. _____

Residence, " " Sex, Male Single, _____ Married, _____

Occupation, None Wife of _____

Birth-place, No. Adams Widow of _____

Name of Father, Amos Barcomb His Birth-place, * Boston Mass.

Maiden Name of Mother, Amelia Laffame Her Birth-place, * Champlain N.Y.

Cause of death, { Primary, Syphilis Duration, _____

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, Dr. Haynes His Residence, _____

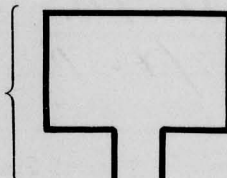
Place of burial, No. Adams Cemetery, Lot or Grave No. 809 Section No. Five

Funeral Services at None

Time of Services, _____

Date of Interment, Sept. 2 1909

Diagram of Burial Lot. }



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 12</u>	Candles, <u>2 lbs</u>
Size, <u>2 1/2</u> Made by <u>Miller & B.</u>	Gloves, _____
Lining, <u>White</u>	Hearse to _____ Cemetery _____
Handles, <u>Lamb</u>	Carriage for <u>family</u>
Plate, <u>Blue Dairling</u>	" " _____
Outside Box, <u>Pine</u>	" " _____
Burial robe, _____	Carriages at Funeral, _____
Preserving Body with _____	Death Notices in <u>Waileis</u>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <u>Amos Barcomb</u>
Cemetery Fee, _____	Bill charged to _____

DR.

CR.

RECORD AND BILL OF ITEMS

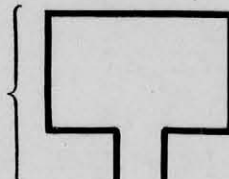
Yearly No. 109

FOR THE FUNERAL OF

Total to Date 453

Ammada Tondreau

Date of Death, Sept. 9 1909 Color † White Age { 44 Years.
 Name of Deceased, Ammada Tondreau { Months.
 Place of death, Briggsville Street, Ward No. Days.
 Residence, " Sex, female Single, Married, Married
 Occupation, None Wife of Herman Tondreau
 Birth-place, Canada Widow of
 Name of Father, Joseph Tondreau His Birth-place, * Canada
 Maiden Name of Mother, Marie Trévaux Her Birth-place, *
 Cause of death, } Primary, Cardiac Numbness Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Harprow His Residence, Ashland
 Place of burial, No. Adams Cemetery, Lot or Grave No. Section No.
 Funeral Services at, Notre Dame
 Time of Services, 9 A. M. Sept. 11 09
 Date of Interment, Sept. 11 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 3110	Candles, 6 lbs
Size, 5/6 Made by, National	Gloves, 6 Pr. Black
Lining, White	Hearse to So. View Cemetery
Handles, 4x	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Undress	Carriages at Funeral, 5 & 3 seats
Preserving Body with, Esco.	Death Notices in, Herald
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by, Herman Tondreau
Cemetery Fee	Bill charged to

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 115

FOR THE FUNERAL OF

Total to Date.....454

Hathsin Charlie Rufael

Date of Death, *Sept. 10* 190*9* Color *White* Age *45* Years.
Name of Deceased, *Kathrin C. Ryfael* Months
Place of death, *No. Adams* Street, *279 State St* Ward No. Days.
Residence, *" "* Sex, *female* Single, Married, *Widowed*.
Occupation, *rag sorter* Wife of
Birth-place, *Syria* Widow of
Name of Father, His Birth-place, *
Maiden Name } Her Birth-place, *
of Mother, } *Loss of Nitrate of Sodium taken for spasms Salts,*
Cause of death, } Primary, Duration, *15 minutes*
Cause of death, } Secondary, Duration,
Certifying Physician, *Dr. C. J. Brown M. D.* His Residence,
Place of burial, *No. Adams St* Cemetery, Lot or Grave No. Section No.
Funeral Services at, *St Francis*
Time of Services, *9:30 A. M. Sept 13*
Date of Interment, *Sept. 13* 190*9* Diagram of

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <i>flat Top casket</i>	Candles, <i>6 lbs</i>
Size, <i>5/9</i> Made by <i>Bristol</i>	Gloves, <i>6 pr black</i>
Lining, <i>white</i>	Hearse to <i>St Joseph's Cemetery</i>
Handles, <i>Sil</i>	Carriage for
Plate, <i>"</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe,	Carriages at Funeral, <i>2</i>
Preserving Body with <i>Esco Hardening Comp.</i>	Death Notices in <i>Mail</i>
Washing and Dressing,	
Shaving,	
Services, <i>Antefray case</i>	
Use of Chairs,	Goods ordered by <i>Geo. Peters</i>
Cemetery Fee,	Bill charged to <i>Kathrin C. Raphael Est</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 111Total to Date 455

FOR THE FUNERAL OF

William E. M^c Dougal

Date of Death, Sept. 10 1909 Color White Age 32 Years.
 Name of Deceased, William E. M^c Dougal Months.
 Days.

Place of death, No. Adams Hospital Street, Ward No.
 Residence, 267 River No. Adams Sex, Male Single, 1 Married, Married

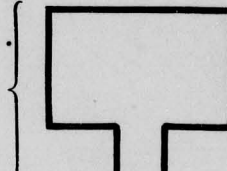
Occupation, Hostler Wife of Widow of
 Birth-place, Quincy Mass.

Name of Father, John M^c Dougal His Birth-place, * Unknown
 Maiden Name of Mother, Unknown Her Birth-place, *

Cause of death, { Primary, Strangled Herma Duration, 5 days
 Cause of death, { Secondary, Duration

Certifying Physician, Mr. Hobbs His Residence, Section No.
 Place of burial, No. Adams So. River Cemetery, Lot or Grave No.

Funeral Services at Home
 Time of Services, 2:30 P. M.

Date of Interment, Sept. 12 1909
 Diagram of Burial Lot. 

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>3163 1/2</u>	Candles, <u>None</u>
Size, <u>6/0</u> Made by <u>Filoume</u>	Gloves, <u>6 Pr Grey</u>
Lining, <u>White</u>	Hearse to <u>So. River</u> Cemetery
Handles, <u>Old Sil</u>	Carriage for
Plate, <u>Old Sil</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>Esio</u>	Death Notices in <u>Wailis</u>
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by
Cemetery Fee	Bill charged to <u>Mrs. A. M^c Dougal</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 112

FOR THE FUNERAL OF

Total to Date 456

George Cardinal

Date of Death, *Sept. 13* 190*9* Color *White* Age { *31* Years.
4 Months
17 Days.

Name of Deceased, *George Cardinal*

Place of death, *Burlington Vt.* Street, *Ward No.*

Residence, *No. Adams 158 Prospect* Sex, *Male* Single, *Married*

Occupation, *Truckman* Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, *

Maiden Name }
 of Mother, } Her Birth-place, *

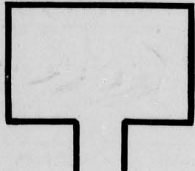
Cause of death, } Primary, *Cerebral Hemorrhage*
 Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, *C. F. Walton* His Residence, *Burlington Vt.*

Place of burial, *No. Adams* Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at *No. Adams*

Time of Services, *9 A. M. Sept. 15-09*

Date of Interment, *Sept 15* 190*9* Diagram of Burial Lot. }  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>crapr</i>	Candles, <i>2 lbs.</i>
Size, <i>6/0</i> Made by _____	Gloves, _____
Lining, _____	Hearse to <i>Southview</i> Cemetery
Handles, _____	Carriage for _____
Plate, _____	" " _____
Outside Box, _____	" " _____
Burial robe, _____	Carriages at Funeral, <i>2</i>
Preserving Body with _____	Death Notices in <i>Wailies</i>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <i>Mrs Cardinal</i>
Cemetery Fee, _____	Bill charged to <i>11</i>

DR.

CR.

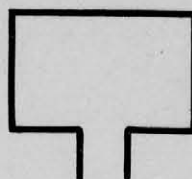
RECORD AND BILL OF ITEMS

Yearly No. 113Total to Date 457

FOR THE FUNERAL OF

Elizabeth Meade

Date of Death, Sept. 16 1909 Color White Age 64 Years.
 Name of Deceased, Elizabeth Meade Months.
 Place of death, No. Adams Street, 37 Fuller Ward No. Days.
 Residence, " " Sex, female Single, Married Married, Married
 Occupation, Nurse Wife of Thomas Meade
 Birth-place, Ireland Widow of
 Name of Father, William Haggerty His Birth-place, Ireland
 Maiden Name of Mother, Unknown Her Birth-place, " "
 Cause of death, } Primary, Cancer of breast Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. M. M. Brown His Residence, Main
 Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A. M. Sept 18
 Date of Interment, Sept. 18 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>1610</u>	Candles, <u> </u>
Size, <u>6/6</u> Made by <u>B.B.C. Co.</u>	Gloves, <u> </u>
Lining, <u>White</u>	Hearse to <u> </u> Cemetery <u> </u>
Handles, <u>Udd Sil Estru</u>	Carriage for <u> </u>
Plate, <u>Udd Sil</u>	" " <u> </u>
Outside Box, <u>Chestnut</u>	" " <u> </u>
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u> </u>
Preserving Body with <u>Esco</u>	Death Notices in <u> </u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Mrs Ryan & Fleming</u>
Cemetery Fee, <u> </u>	Bill charged to <u> </u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 114

FOR THE FUNERAL OF

Total to Date 468

Chas. Nelson Leonard

Date of Death, Sept. 18 1909 Color White Age { Years.
Chas. N. Leonard { Months
No Adams { 12 hrs. Days.

Place of death, No Adams Street, Ward No.

Residence, " Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Widow of

Name of Father, Lorvi Leonard His Birth-place, * Cheshire

Maiden Name of Mother, Bertha Columbr Her Birth-place, * Canada

Cause of death, { Primary, Pneumonia Duration,

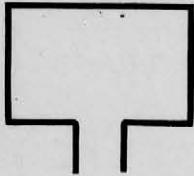
Cause of death, { Secondary, Duration,

Certifying Physician, Wm Russell His Residence,

Place of burial, No Adams S.V. Cemetery, Lot or Grave No. Section No.

Funeral Services at None

Time of Services,

Date of Interment, Sept 20 1909 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether *White* or *Black*. * Insert Town and State.

Casket or Coffin Number, <u>P.K. Sq.</u>	Candles, <u>None</u>
Size, <u>2 1/2</u> Made by <u>Bristol</u>	Gloves, <u> </u>
Lining, <u>White</u>	Hearse to <u> </u> Cemetery <u> </u>
Handles, <u>None</u>	Carriage for <u> </u>
Plate, <u>"</u>	" " <u> </u>
Outside Box, <u>"</u>	" " <u> </u>
Burial robe, <u> </u>	Carriages at Funeral, <u> </u>
Preserving Body with <u> </u>	Death Notices in <u> </u>
Washing and Dressing, <u> </u>	
Shaving, <u> </u>	
Services, <u> </u>	
Use of Chairs, <u> </u>	Goods ordered by <u>Lorvi Leonard</u>
Cemetery Fee, <u> </u>	Bill charged to <u>"</u>

Dr.

Cr.

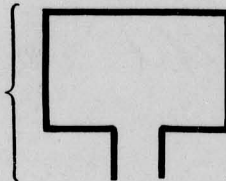
RECORD AND BILL OF ITEMS

Yearly No. 115Total to Date 469

FOR THE FUNERAL OF

Hannah JohnsonDate of Death, Sept 27 1909 Color Black Age { 14 Years.
Months.
Days.Name of Deceased, Hannah JohnsonPlace of death, No. Adams Street, 74 N Main Ward No.Residence, " Sex, female Single, Single Married,Occupation, Student Wife ofBirth-place, Hinsdale Mass Widow ofName of Father, Edward Johnson His Birth-place, * Shifffield MassMaiden Name of Mother, Carrie Hamilton Her Birth-place, *Cause of death, { Primary, Tuberculosis Duration, 2 yrs

Cause of death, { Secondary, Duration,

Certifying Physician, Dr. W. H. M. Grath His Residence, HoldenPlace of burial, No. Adams So. View Cemetery, Lot or Grave No. Section No.Funeral Services at HomeTime of Services, 3 P. M. Sept 29Date of Interment, Sept 29 1909Diagram of
Burial Lot. }Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 014</u>	Candles, <u>None</u>
Size, <u>5 1/2</u> Made by <u>Flora</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>So. View</u> Cemetery
Handles, <u>Sil Rope</u>	Carriage for
Plate, <u>Sil</u>	" "
Outside Box, <u>Pine</u>	" "
Burial robe, <u>Wool dress</u>	Carriages at Funeral, <u>2</u>
Preserving Body with	Death Notices in <u>Wailies</u>
Washing and Dressing	
Shaving	
Services	
Use of Chairs	Goods ordered by <u>E. D. Johnson</u>
Cemetery Fee	Bill charged to <u>Board of Health</u>

DR.

CR.

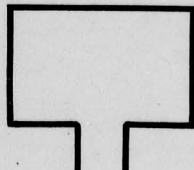
RECORD AND BILL OF ITEMS

Yearly No. 116

FOR THE FUNERAL OF

Total to Date 460

James Edmund Burns

Date of Death, *Sept 28* 190*9* Color *White* Age { *2* Years.
 Name of Deceased, *James E Burns* Months.
 Place of death, *No. Adams* Street, *885 No Eagle* Ward No. Days.
 Residence, " " Sex, *Male* Single, *Single* Married,
 Occupation, *None* Wife of
 Birth-place, *No. Adams* Widow of
 Name of Father, *James Burns* His Birth-place, * *No. Adams*
 Maiden Name of Mother, *Margaret Meade* Her Birth-place, * *Albany, N.Y.*
 Cause of death, { Primary, Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, *Dr. Brown* His Residence, *Church*
 Place of burial, *No Adams Hillside* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *None*
 Time of Services,
 Date of Interment, *Sept 29* 190*9* Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <i># 53</i>	Candles, <i>2 lbs</i>
Size, <i>2 1/2</i> Made by <i>Florence</i>	Gloves, <i>—</i>
Lining, <i>White</i>	Hearse to <i>—</i> Cemetery
Handles, <i>Sil</i>	Carriage for <i>—</i>
Plate, <i>Blue Babs</i>	" " <i>—</i>
Outside Box, <i>Pine</i>	" " <i>—</i>
Burial robe, <i>Wool dress</i>	Carriages at Funeral, <i>3</i>
Preserving Body with <i>—</i>	Death Notices in <i>Mailies</i>
Washing and Dressing, <i>—</i>	
Shaving, <i>—</i>	
Services, <i>—</i>	
Use of Chairs, <i>—</i>	Goods ordered by <i>James Burns</i>
Cemetery Fee, <i>—</i>	Bill charged to <i>"</i>

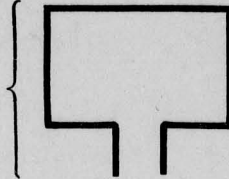
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 117Total to Date 461

FOR THE FUNERAL OF

Arthur Joseph KingDate of Death, Sept 30 1909 Color White Age 3 Years. 3 Months. Days.Name of Deceased, Arthur Joseph KingPlace of death, No Adams St Street, 297 Ward No. Residence, " Sex, Male Single, Single Married, Occupation, None Wife of Birth-place, No Adams Widow of Name of Father, Remond King His Birth-place, CanMaiden Name of Mother, Amelia Le Grand Her Birth-place, "Cause of death, } Primary, Duration, Cause of death, } Secondary, Duration, Certifying Physician, Dr. F. M. G. G. G. His Residence, Place of burial, No Adams St Cemetery, Lot or Grave No. Section No. Funeral Services at NoneTime of Services, Date of Interment, Oct 1 1909Diagram of
Burial Lot. }Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>PX Coffin</u>	Candles, <u>2 lbs</u>
Size, <u>2 1/4</u> Made by <u>Woolley</u>	Gloves, <u></u>
Lining, <u>White</u>	Hearse to <u></u> Cemetery <u></u>
Handles, <u>Scrub</u>	Carriage for <u>family</u>
Plate, <u>Un Babel</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Undress</u>	Carriages at Funeral, <u></u>
Preserving Body with <u>Fridgid</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Remond King</u>
Cemetery Fee, <u></u>	Bill charged to <u>" "</u>

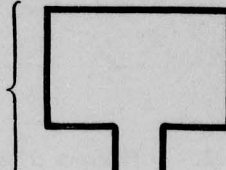
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 119Total to Date 465

FOR THE FUNERAL OF

Thomas Hodd.Date of Death, Oct. 2 1909 Color White Age { 62 Years.
Months.
Days.Name of Deceased, Thomas Hodd.Place of death, No Adams Street, 22 Jackson Ward No. Residence, " Sex, Male Single, Married, MarriedOccupation, Seaboard Wife of Birth-place, Scotland Widow of Name of Father, Alexander Hodd. His Birth-place, * ScotlandMaiden Name of Mother, { Mary Hysdale Her Birth-place, * "Cause of death, { Primary, Nephritis Duration, Cause of death, { Secondary, Duration, Certifying Physician, Dr. M. G. Gath His Residence, HoldenPlace of burial, No Adams So. Vin Cemetery, Lot or Grave No. Section No. Funeral Services at HomeTime of Services, 2:30 P.M. Oct 4Date of Interment, Oct 4 1909Diagram of
Burial Lot. } Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>#62</u>	Candles, <u>None</u>
Size, <u>6/8 Extra</u> Made by <u>Filoune</u>	Gloves, <u>6 P. Black</u>
Lining, <u>White</u>	Hearse to <u>So. Vin</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Wool Cloth</u>	Carriages at Funeral, <u>2</u>
Preserving Body with <u>Esco</u>	Death Notices in <u>Harlow</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Mrs Sarah Hodd</u>
Cemetery Fee, <u></u>	Bill charged to <u></u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 120

FOR THE FUNERAL OF

Total to Date 464

Bridget Finn

Date of Death, *Oct. 3* 190*9* Color *White* Age *90* Years.
 Name of Deceased, *Bridget Finn* Months
 Days
 Place of death, *No. Adams* Street, *31 Kitt* Ward No.
 Residence, *" "* Sex, *female* Single, Married, *Widowed*
 Occupation, *None* Wife of
 Birth-place, *Ireland* Widow of *Michael Finn*
 Name of Father, *Batt Maloney* His Birth-place, * *Ireland*
 Maiden Name of Mother, *Kate Burke* Her Birth-place, *
 Cause of death, { Primary, *Hypertension* Duration,
 Cause of death, { Secondary, *Old Age* Duration,
 Certifying Physician, *Dr. Croft* His Residence, *Main*
 Place of burial, *No Adams Hillside* Cemetery, Lot or Grave No. Section No.
 Funeral Services at *St Francis*
 Time of Services, *9 A. M. Oct. 5 '09*
 Date of Interment, *Oct. 5* 190*9*

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i>240 M. & B</i>	Candles, <i>6 lbs</i>
Size, <i>57 1/2</i> Made by <i>Miller & B.</i>	Gloves, <i>6 Pr. black</i>
Lining, <i>White</i>	Hearse to <i>Hillside Cemetery</i>
Handles, <i>Sil</i>	Carriage for
Plate, <i>"</i>	" "
Outside Box, <i>Pine</i>	" "
Burial robe, <i>Black Mornie</i>	Carriages at Funeral, <i>7</i>
Preserving Body with <i>Esco.</i>	Death Notices in <i>Hailies</i>
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by <i>Joseph Rossi</i>
Cemetery Fee,	Bill charged to

DR.

CR.

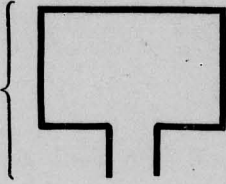
RECORD AND BILL OF ITEMS

Yearly No. 121Total to Date 465

FOR THE FUNERAL OF

Thomas Patrick Roman

Date of Death, Oct. 12 1909 Color White Age { 1 Years.
4 Months.
4 Days.
Name of Deceased, Thomas Patrick Roman
Place of death, No. Adams Street, Rear 82 Holden St Ward No.
Residence, " Sex, Male Single, Single Married,
Occupation, None Wife of
Birth-place, No. Adams Mass Widow of
Name of Father, Michael Roman His Birth-place, * Ireland
Maiden Name of Mother, Catharine Murphy Her Birth-place, * "
Cause of death, { Primary, Acute indigestion Duration,
Cause of death, { Secondary, Duration,
Certifying Physician, Dr. H. H. McQuinn His Residence, Holden St.
Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. Section No.
Funeral Services at None

Time of Services, Date of Interment, Oct 13 1909Diagram of
Burial Lot. } Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u># 414</u>	Candles, <u>1 lb</u>
Size, <u>2/6</u> Made by <u>Florence</u>	Gloves, <u>None</u>
Lining, <u>White</u>	Hearse to <u>"</u> Cemetery <u></u>
Handles, <u>Leambr</u>	Carriage for <u></u>
Plate, <u>One Darling</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Own Clothes</u>	Carriages at Funeral, <u>Chr</u>
Preserving Body with <u>Fridgid</u>	Death Notices in <u>Dailies</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>/</u>
Cemetery Fee, <u></u>	Bill charged to <u>/</u>

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 122

FOR THE FUNERAL OF

Total to Date 466

Mary Celinda Poole

Date of Death, Oct. 13 1909 Color White Age { 77 Years.
3 Months.
Days.

Name of Deceased, Mary Celinda Poole

Place of death, No. Adams Street, 11 Millard St Ward No.

Residence, " " Sex, female Single, I Married, Edward

Occupation, None Wife of

Birth-place, Salem Mass Widow of John Poole

Name of Father, John Mansfield His Birth-place, * Unknown.

Maiden Name of Mother, { Lucy Bodin Her Birth-place, * "

Cause of death, { Primary, Carcinoma of Breast Duration,

Cause of death, { Secondary, Duration,

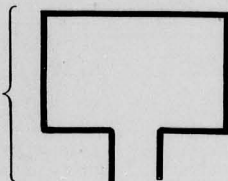
Certifying Physician, Dr. Crawford. His Residence,

Place of burial, Salem Mass. Cemetery, Lot or Grave No. Section No.

Funeral Services at Salem.

Time of Services,

Date of Interment, Oct. 16 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
I for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 368	Candles,
Size, 5 1/2 Made by Florence	Gloves,
Lining, White	Hearse to Depot Cemetery
Handles, 4	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Undress	Carriages at Funeral, None
Preserving Body with Calcoform	Death Notices in Railis
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs Stratton
Cemetery Fee,	Bill charged to Rodney Stratton

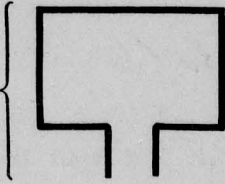
DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 123Total to Date 117

FOR THE FUNERAL OF

Carminille MammarioDate of Death, Oct. 22 1909 Color White Age 23 Years. — Months. — Days.Name of Deceased, Carminille MammarioPlace of death, No. Adams Hospital Street, — Ward No. —Residence, 6 Rock St. No. Adams Sex, female Single, — Married, MarriedOccupation, Nurse Wife of Frank MammarioBirth-place, Italy Widow of —Name of Father, Andrew Mammario His Birth-place, ItalyMaiden Name of Mother, Rosa Ancino Her Birth-place, ItalyCause of death, Primary, Typhoid Fever Duration, 6 weeksCause of death, Secondary, Miscarriage Duration, —Certifying Physician, Dr. H. M. Marko His Residence, —Place of burial, No. Adams St. Joseph's Cemetery, Lot or Grave No. — Section No. —Funeral Services at St. Anthony'sTime of Services, 2.00Date of Interment, Oct 24 1909Diagram of Burial Lot. Put in the Diagram one mark like this  for every Grave in it. And mark this  Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>3110</u>	Candles, <u>4 lbs.</u>
Size, <u>5/4</u> Made by <u>National</u>	Gloves, <u>6 Pr. Black</u>
Lining, <u>White Silk</u>	Hearse to <u>St. Joseph's</u> Cemetery
Handles, <u>Satin Swell</u>	Carriage for <u>—</u>
Plate, <u>Sil.</u>	" " <u>—</u>
Outside Box, <u>Pine</u>	" " <u>—</u>
Burial robe, <u>White Moning</u>	Carriages at Funeral, <u>14</u>
Preserving Body with <u>Alcoform</u>	Death Notices in <u>2 Dailies</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Frank Mammario</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

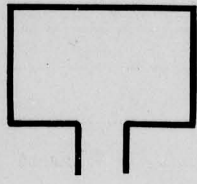
RECORD AND BILL OF ITEMS

Yearly No. 124

FOR THE FUNERAL OF

Total to Date 468

Syhrsta Bailey

Date of Death, Oct 30 1909 Color White Age { 84 Years.
15 Months
15 Days.Name of Deceased, Syhrsta BaileyPlace of death, No Adams Street, Briggs Ave Ward No. Residence, " Sex, Male Single, Married, WidowedOccupation, Machinist Wife of Birth-place, Williamstown Mass Widow of Name of Father, Charles Bailey His Birth-place, * WilliamstownMaiden Name of Mother, Louisa Bradwell Her Birth-place, * "Cause of death, { Primary, Bright's Disease Duration, Cause of death, { Secondary, Duration, Certifying Physician, Mr. Connolly His Residence, MainPlace of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No. Funeral Services at HomeTime of Services, 2 P. M. Nov. 1Date of Interment, Nov. 1 1909 Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Flat top casket</u>	Candles, <u>None</u>
Size, <u>6/0</u> Made by <u>Miller & Burhan</u>	Gloves, <u>6 P. Black</u>
Lining, <u>White</u>	Hearse to <u>Hillside</u> Cemetery
Handles, <u>Sil</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Black Cash.</u>	Carriages at Funeral, <u>9</u>
Preserving Body with <u>Mullum</u>	Death Notices in <u>Charles</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>John Bailey</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 126

FOR THE FUNERAL OF

Total to Date 470

Mary Maryano

Date of Death, Nov. 7, 1909 Color † White Age { 17 Years.
Months
Days.

Name of Deceased, Mary Maryano

Place of death, No. Adams Hospital Street,

Ward No.

Residence, 68 Furman St.

Sex, female Single,

Married, married

Occupation, None

Wife of Carmine Maryano

Birth-place, Italy

Widow of

Name of Father, Andrew Mastrianna

His Birth-place, * Italy

Maiden Name of Mother, Rose Ancino

Her Birth-place, *

Cause of death, Primary, Typhoid Fever

Duration, 34 days

Cause of death, Secondary,

Duration,

Certifying Physician, Dr. Dr. Marco

His Residence, Holden

Place of burial, No. Adams St. Joseph's,

Cemetery, Lot or Grave No. 744

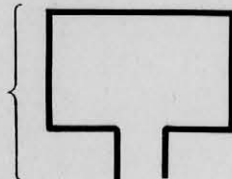
Section No. #3 grave

Funeral Services at St. Anthony's

Time of Services, 9 A.M.

Date of Interment, Nov. 9, 1909

Diagram of Burial Lot.



Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 206108

Size, 6/8 Made by Bristol

Lining, Brocade silk

Handles, Ald. Sil

Plate, Pine

Outside Box, Pine

Burial robe, White Mournie

Preserving Body with Muttum

Washing and Dressing,

Shaving,

Services,

Use of Chairs,

Cemetery Fee,

Candles, 2 lbs

Gloves, 6 pr. White

Hearse to St. Joseph's Cemetery

Carriage for

" "

" "

Carriages at Funeral, 6-3

Death Notices in Herald

Goods ordered by Frank Maryano

Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 127

FOR THE FUNERAL OF

Total to Date 471

Elizabeth Toomey

Date of Death, *Nov. 10* 190*9* Color *White* Age { *5* Years. *9* Months. *9* Days.

Name of Deceased, *Elizabeth Toomey*

Place of death, *No. Adams* Street, *32 South* Ward No. _____

Residence, *"* Sex, *female* Single, *Single* Married, _____

Occupation, _____ Wife of _____

Birth-place, *No. Adams* Widow of _____

Name of Father, *Patrick Toomey* His Birth-place, * *Ireland*

Maiden Name of Mother, *Catharine O'Neil* Her Birth-place, * _____

Cause of death, { Primary, *Broncho Pneum.* Duration, *3 weeks*

Cause of death, { Secondary, _____ Duration, _____

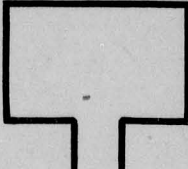
Certifying Physician, *Mr. Russell* His Residence, _____

Place of burial, *No. Adams St. Joseph's* Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at, *None*

Time of Services, _____

Date of Interment, *Nov. 11* 190*9*

Diagram of Burial Lot. } 

Put in the Diagram one mark like this  for every Grave in it. And mark this  Burial with double dagger thus: 

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, <i># 5</i>	Candles, <i>2 lbs.</i>
Size, <i>2 1/3</i> Made by <i>Florence</i>	Gloves, <i>None</i>
Lining, <i>White</i>	Hearse to, <i>"</i> Cemetery, _____
Handles, <i>Scrub</i>	Carriage for, <i>family</i>
Plate, <i>Blue Lining</i>	" " _____
Outside Box, <i>Pine</i>	" " _____
Burial robe, <i>Wool dress</i>	Carriages at Funeral, <i>2</i>
Preserving Body with <i>Fridgid</i>	Death Notices in <i>Dailies</i>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <i>Patrick Toomey</i>
Cemetery Fee, _____	Bill charged to <i>"</i>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 128

FOR THE FUNERAL OF

Total to Date 472

John William Gunning

Date of Death, Nov. 10 1909 Color † White Age 8 Years. 8 Months. Days.

Name of Deceased, John William Gunning

Place of death, No Adams. Street, 33 Lincoln Ward No.

Residence, " " Sex, Male Single Single Married,

Occupation, None Wife of

Birth-place, No Adams. Widow of

Name of Father, Patrick Gunning His Birth-place, * Saratoga Springs N.Y.

Maiden Name of Mother, Margaret Madden Her Birth-place, * No Adams.

Cause of death, Primary, Gastro-Intestinal Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Mr. Crofts His Residence,

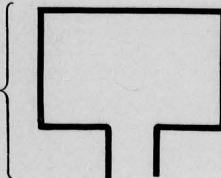
Place of burial, No Adams So Union Cemetery, Lot or Grave No. Section No.

Funeral Services at None.

Time of Services, "

Date of Interment, Nov. 13 1909

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 53	Candles, 2 lbs
Size, 2 1/3 Made by Florence	Gloves,
Lining, White Silk	Hearse to None, Cemetery
Handles, Sil	Carriage for
Plate, Mrs Darling	" "
Outside Box, Pine	" "
Burial robe, Union dress	Carriages at Funeral, 6
Preserving Body with Thridgid	Death Notices in Localities
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Patrick Gunning
Cemetery Fee,	Bill charged to " "

DR.

CR.

RECORD AND BILL OF ITEMS

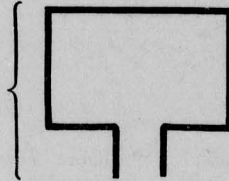
Yearly No. 129

FOR THE FUNERAL OF

Total to Date 473

Male Inf of Frank Bissillon

Date of Death, Nov. 16 1909 Color White Age { Years.
 Months.
 Days.
Name of Deceased, Male Inf of Frank Bissillon
Place of death, No. Adams Street, 66 Willow Hill Ward No.
Residence, " Sex, Male Single, Single Married,
Occupation, None Wife of
Birth-place, No. Adams Mass Widow of
Name of Father, Frank Bissillon His Birth-place, * Russia
Maiden Name of Mother, Elizabeth Lakuski Her Birth-place, * "
Cause of death, { Primary, Stillborn Duration,
Secondary, Duration,
Certifying Physician, Dr. Brosseau His Residence,
Place of burial, No. Adams So. Union Cemetery, Lot or Grave No. Free Section No.
Funeral Services at None
Time of Services, "
Date of Interment, Nov. 16 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P.K. 14</u>	Candles, <u>None</u>
Size, <u>49</u> Made by <u>Bristol</u>	Gloves, <u> </u>
Lining, <u>White</u>	Hearse to <u> </u> Cemetery <u> </u>
Handles, <u>None</u>	Carriage for <u> </u>
Plate, <u> </u>	" " <u> </u>
Outside Box, <u> </u>	" " <u> </u>
Burial robe, <u> </u>	Carriages at Funeral, <u> </u>
Preserving Body with <u> </u>	Death Notices in <u> </u>
Washing and Dressing, <u> </u>	<u> </u>
Shaving, <u> </u>	<u> </u>
Services, <u> </u>	<u> </u>
Use of Chairs, <u> </u>	Goods ordered by <u>Frank Bissillon</u>
Cemetery Fee, <u> </u>	Bill charged to <u>"</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 130

FOR THE FUNERAL OF

Total to Date 474

John Henry Shesby

Date of Death, Nov. 19, 1909 Color † White Age { 32 Years.
Months.
Days.

Name of Deceased, John Henry Shesby

Place of death, No Adams Street, 2 Rock St Ward No.

Residence, 2 Rock St Sex, Male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams, Widowed of

Name of Father, John Shesby His Birth-place, * Ireland

Maiden Name of Mother, Annie Hickey Her Birth-place, *

Cause of death, { Primary, Suffocation Duration,

Cause of death, { Secondary, Duration,

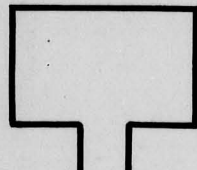
Certifying Physician, Dr. A. J. Brown M.D. S.P. His Residence,

Place of burial, No Adams St Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at, None

Time of Services,

Date of Interment, Nov. 20, 1909

Diagram of Burial Lot. {  Put in the Diagram one mark like this  for every Grave in it. And mark this  Burial with double dagger thus: †

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, P. K. 29	Candles, 2 lbs.
Size, 2/1 Made by Miller & B.	Gloves, None
Lining, White	Hearse to Cemetery
Handles, Lamb.	Carriage for Family
Plate, Wm Darling	" " "
Outside Box, Pine	" " "
Burial robe,	Carriages at Funeral,
Preserving Body with Fridgid	Death Notices in Hailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by John Shesby
Cemetery Fee,	Bill charged to " "

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 132

FOR THE FUNERAL OF

Total to Date 476

Antoinette Traustini

Date of Death, Nov 18 - 1909 Color † White Age { 29 Years.
 Name of Deceased, Antoinette Traustini
 Place of death, Beth Adams Hospital, off Eagle St Ward No.
 Residence, 15 Walnut St Sex, female Single Married, Married
 Occupation, Housewife Wife of John Traustini
 Birth-place, Italy Widow of
 Name of Father, John Filozzi His Birth-place, * Italy
 Maiden Name of Mother, Marguerite Tomacitti Her Birth-place, *
 Cause of death, { Primary, Nephritis Duration,
 Cause of death, { Secondary, Meningitis Duration,
 Certifying Physician, Dr. Dr. Marco His Residence,
 Place of burial, St Adams So. Div Cemetery, Lot or Grave No. Section No.
 Funeral Services at, St Anthony's
 Time of Services, 10:30 A.M., Nov. 22
 Date of Interment, Nov 22 1909

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 54010	Candles, 9 lbs
Size, 5/9 Made by, Miller & B	Gloves, 6 pr black
Lining, White	Hearse to, So. Div Cemetery
Handles, Nickel	Carriage for
Plate, Sil	" "
Outside Box, Pine	" "
Burial robe, Black Cash	Carriages at Funeral, 7
Preserving Body with, Mutton	Death Notices in, Dailies
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by, John Traustini
Cemetery Fee,	Bill charged to,

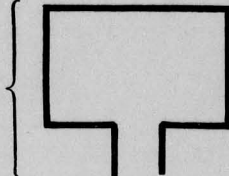
Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 133Total to Date 477

FOR THE FUNERAL OF

Catharine StinerDate of Death, Nov. 20 1909Color White Age { 81 Years.
Months.
Days.Name of Deceased, Catharine StinerPlace of death, No Adams Street, 89 Bird St Ward No. Residence, " " Sex, female Single, Married, WidowedOccupation, None Wife of Birth-place, Germany Widow of Fred StinerName of Father, Arnold Stiner His Birth-place, GermanyMaiden Name of Mother, Unknown Her Birth-place, "Cause of death, { Primary, Val. Disease of heart Duration, Cause of death, { Secondary, Duration, Certifying Physician, Mr. M. M. Brown His Residence, Place of burial, No Adams Hillside Cemetery, Lot or Grave No. Section No. Funeral Services at St. FrancisTime of Services, 10 A.M.Date of Interment, Nov. 22 1909Diagram of
Burial Lot. }Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Just oak</u>		Candles, <u>4 lbs</u>	
Size, <u>6/8</u> Made by <u>Boytan</u>		Gloves, <u>6 pr black</u>	
Lining, <u>White</u>		Hearse to <u>Hillside</u> Cemetery	
Handles, <u>Bronze capped</u>		Carriage for	
Plate, <u>"</u>		" "	
Outside Box, <u>None</u>		" "	
Burial robe, <u>Wardress</u>		Carriages at Funeral, <u>7</u>	
Preserving Body with <u>Mellin</u>		Death Notices in <u>Bailies</u>	
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs,		Goods ordered by <u>Fred Stiner</u>	
Cemetery Fee,		Bill charged to <u>"</u>	

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 135

Total to Date 479

FOR THE FUNERAL OF

James Morris

Date of Death, Nov. 23 1909 Color White Age 85 Years. 8 Months. Days.

Name of Deceased, James Morris

Place of death, No. Adams Street, York Main Ward No.

Residence, " Sex, Male Single Married, Widowed

Occupation, Labour. Wife of

Birth-place, Ireland Widow of

Name of Father, James Morris His Birth-place, * Ireland

Maiden Name of Mother, Unknown Her Birth-place, *

Cause of death, Primary, Paralysis Duration,

Cause of death, Secondary, Duration,

Certifying Physician, H. Bushnell His Residence,

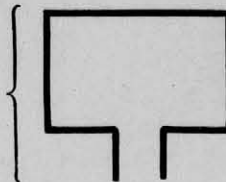
Place of burial, No. Adams Hillside Cemetery, Lot or Grave No. Section No.

Funeral Services at, St. Francis

Time of Services, 9 A. M. Nov. 25

Date of Interment, Nov. 25 1909

Diagram of Burial Lot.



Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, 62	Candles, 4 lbs.
Size, 6/0 Made by Filomena	Gloves, 6 P. Black
Lining, White	Hearse to Hillside Cemetery
Handles, Nickel Steel	Carriage for
Plate, Sil.	" "
Outside Box, Pine	" "
Burial robe, Black Cash.	Carriages at Funeral, 3
Preserving Body with Mullins	Death Notices in, Daily
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Mrs M. Williams
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 136

FOR THE FUNERAL OF

Total to Date 480

Carmille Mangano

Date of Death, *Nov. 24* 190*9* Color *White* Age { *2* Years.
11 Months.
11 Days.
 Name of Deceased, *Carmille Mangano*
 Place of death, *Holy Family Institute* Street, *Holyoke, Mass* Ward No. _____
 Residence, *No Adams* Sex, *female* Single, _____ Married, _____
 Occupation, *None* Wife of _____
 Birth-place, *No Adams* Widow of _____
 Name of Father, *Carmine Mangano* His Birth-place, * *Italy*
 Maiden Name of Mother, { *Mary Mastromaria* Her Birth-place, * _____
 Cause of death, { Primary, *Colitis* Duration, _____
 Cause of death, { Secondary, _____ Duration, _____
 Certifying Physician, *Holyoke, Mass* His Residence, _____
 Place of burial, *No Adams St Joseph's* Cemetery, Lot or Grave No. *744* Section No. *To of Burial #3*
 Funeral Services at *St Anthony's*
 Time of Services, *9 A. M.*
 Date of Interment, *Nov. 27* 190*9*

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <i># 014</i>	Candles, <i>None</i>
Size, <i>2 1/2</i> Made by <i>Florence</i>	Gloves, _____
Lining, <i>White</i>	Hearse to _____ Cemetery
Handles, <i>Scamb</i>	Carriage for <i>family</i>
Plate, <i>Wm Darling</i>	" " _____
Outside Box, <i>Prud</i>	" " _____
Burial robe, _____	Carriages at Funeral, <i>1</i>
Preserving Body with _____	Death Notices in <i>Darling</i>
Washing and Dressing, _____	
Shaving, _____	
Services, _____	
Use of Chairs, _____	Goods ordered by <i>Carmine Mangano</i>
Cemetery Fee, _____	Bill charged to _____

Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 138

FOR THE FUNERAL OF

Total to Date 482

Michael Hayes

Date of Death, Nov. 29 1909 Color † White Age { 38 Years.
 Name of Deceased, Michael Hayes
 Place of death, Medfield Mass. Street, Ward No.
 Residence, No. Adams Mass. Sex, Male, Single, Single Married,
 Occupation, Seaboard Wife of
 Birth-place, Ireland Widow of
 Name of Father, John Hayes His Birth-place, * Ireland
 Maiden Name of Mother, Anna Delik Her Birth-place, *
 Cause of death, { Primary, Pulmonary Tuberculosis Duration,
 Cause of death, { Secondary, Duration,
 Certifying Physician, Medfield Phy. His Residence, Medfield
 Place of burial, No. Adams Boston Cemetery, Lot or Grave No. Section No.
 Funeral Services at St Francis
 Time of Services, 9 A.M. Dec. 2,
 Date of Interment, Dec. 2, 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 | for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 729	Candles,
Size, 5/8 Made by Priest	Gloves,
Lining, White silk	Hearse to Cemetery
Handles, Butler Sil	Carriage for
Plate, "	" "
Outside Box, Pine	" "
Burial robe, Black Serge	Carriages at Funeral,
Preserving Body with Mullins	Death Notices in
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 139

Total to Date 48

FOR THE FUNERAL OF

Annis Leopard

Date of Death, Dec. 2, 1909. Color † White. Age { 48 Years.
 Name of Deceased, Annis Leopard. Months.
 Place of death, Clarksburg. Street, 38 Wheeler. Ward No. Days.
 Residence, Clarksburg. Sex, female. Single, Married, Married.
 Occupation, Housewife. Wife of, Theodore.
 Birth-place, Canada. Widow of.
 Name of Father, Michael Phillips. His Birth-place, * Can.
 Maiden Name } Annis Blake. Her Birth-place, *
 of Mother, }
 Cause of death, } Primary, Pneumonia. Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. M. M. Brown. His Residence, Wislayan.
 Place of burial, No. Adams St. View Cemetery, Lot or Grave No. Section No.
 Funeral Services at, Notre Dame.
 Time of Services, 2 P.M. Dec. 5.
 Date of Interment, Dec 5, 1909.

Diagram of
Burial Lot. }

Put in the Diagram one mark like this
 I for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, # 62	Candles, 6 lbs.
Size, 5/6 Made by Filoum	Gloves, 6 P. Black
Lining, White	Hearse to So. View Cemetery
Handles, Nickel	Carriage for
Plate, Sil	" "
Outside Box, Pins	" "
Burial robe, Lion Clothes	Carriages at Funeral, 4
Preserving Body with Muttum	Death Notices in Daily's
Washing and Dressing,	
Shaving,	
Services,	
Use of Chairs,	Goods ordered by Theodore Leopard
Cemetery Fee,	Bill charged to

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 140

FOR THE FUNERAL OF

Total to Date 484

Mary A. Campbell

Date of Death, Dec. 2 1909 Color White Age { 72 Years.
Months
Days.

Name of Deceased, Mary A. Campbell

Place of death, Schm. St. N.Y. Street, Ward No.

Residence, No. Adams Mass. Sex, female Single, Married, Widowed

Occupation, None Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name { Her Birth place, *

Cause of death, { Primary, Scalae Pneumonia Duration,

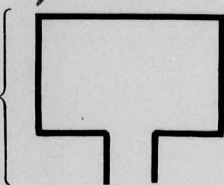
Cause of death, { Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, No. Adams Sch. N.Y. Cemetery, Lot or Grave No. Section No.

Funeral Services at Home. Not Spenced officiating

Time of Services, 2 P.M. Dec. 5.

Date of Interment, Dec. 5 1909 Diagram of Burial Lot. { 

Put in the Diagram one mark like this
! for every Grave in it. And mark this
Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>Like 1210</u>	Candles, <u>None</u>
Size, <u>6/8</u> Made by <u>Unknown</u>	Gloves, <u>"</u>
Lining, <u>White</u>	Hearse to <u>So. View</u> Cemetery
Handles, <u>Ch.</u>	Carriage for
Plate, <u>"</u>	" "
Outside Box, <u>Pair</u>	" "
Burial robe, <u>Own dress</u>	Carriages at Funeral, <u>5</u>
Preserving Body with <u>Unknown</u>	Death Notices in <u>Latimer</u>
Washing and Dressing,	
Shaving, <u>Train Order</u>	
Services,	
Use of Chairs,	Goods ordered by
Cemetery Fee,	Bill charged to

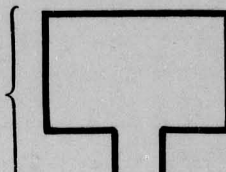
Dr.

Cr.

RECORD AND BILL OF ITEMS

Yearly No. 141

FOR THE FUNERAL OF

Total to Date 485Male infant of Edward CardinalDate of Death, Dec. 3 1909 Color White Age { — Years.
— Months.
— Days.Name of Deceased, Male infant of Edward CardinalPlace of death, No. Adams Hospital Street, — Ward No. —Residence, Belknapburg Sex, Male Single, Single Married, —Occupation, None Wife of —Birth-place, No. Adams Hospital Widow of —Name of Father, Edward Cardinal His Birth-place, * No. Adams Mass.Maiden Name of Mother, Isabella Reed Her Birth-place, * Belknapburg, Vt.Cause of death, { Primary, Stillborn Duration, —Cause of death, { Secondary, — Duration, —Certifying Physician, Dr. Forrester His Residence, —Place of burial, No. Adams So. Unit Cemetery, Lot or Grave No. — Section No. —Funeral Services at NoneTime of Services, —Date of Interment, Dec 4 1909Diagram of Burial Lot. } Put in the Diagram one mark like this
for every Grave in it. And mark this
Burial with double dagger thus: †Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>P.K. 24</u>	Candles, <u>None</u>
Size, <u>1/4</u> Made by <u>Bush</u>	Gloves, <u>—</u>
Lining, <u>White</u>	Hearse to <u>—</u> Cemetery <u>—</u>
Handles, <u>—</u>	Carriage for <u>—</u>
Plate, <u>—</u>	" " <u>—</u>
Outside Box, <u>—</u>	" " <u>—</u>
Burial robe, <u>—</u>	Carriages at Funeral, <u>—</u>
Preserving Body with <u>—</u>	Death Notices in <u>—</u>
Washing and Dressing, <u>—</u>	
Shaving, <u>—</u>	
Services, <u>—</u>	
Use of Chairs, <u>—</u>	Goods ordered by <u>Edward Cardinal</u>
Cemetery Fee, <u>—</u>	Bill charged to <u>—</u>

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 142

Total to Date 486

FOR THE FUNERAL OF

Edward Murphy

Date of Death, Dec. 5 1909 Color † White Age { 9 Years. 9 Months. 9 Days.

Name of Deceased, Edward Murphy

Place of death, No Adams Street, 16 Harrison Ave Ward No.

Residence, " " Sex, male Single, Single Married,

Occupation, None Wife of

Birth-place, No Adams Widow of

Name of Father, Timothy Murphy His Birth-place, Ireland

Maiden Name of Mother, Mary Walsh Her Birth-place, *

Cause of death, Primary, Accident of Pregnancy Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr. Riley His Residence, Main

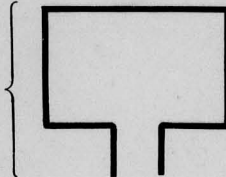
Place of burial, No Adams St. Joseph's Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 190

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number,		Candles,	
Size, Made by		Gloves,	
Lining,		Hearse to Cemetery	
Handles,		Carriage for	
Plate,		" "	
Outside Box,		" "	
Burial robe,		Carriages at Funeral,	
Preserving Body with		Death Notices in	
Washing and Dressing,			
Shaving,			
Services,			
Use of Chairs,		Goods ordered by	
Cemetery Fee,		Bill charged to	

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 143Total to Date 487

FOR THE FUNERAL OF

William Conlon

Date of Death, Dec. 7 1909 Color White Age 52 Years.
 Name of Deceased, William F. Conlon Months.
 Place of death, No. Adams Hospital Street, Ward No. Days.
 Residence, 209 Houghton St. Sex, Male Single, Married
 Occupation, Printer Wife of
 Birth-place, Ireland Widow of
 Name of Father, Charles Conlon His Birth-place, Ireland
 Maiden Name of Mother, Mary Cullen Her Birth-place, "
 Cause of death, Primary, Struck by locomotive Duration,
 Cause of death, Secondary, Duration,
 Certifying Physician, Dr. A. J. Brown His Residence,
 Place of burial, No. Adams St. Joseph Cemetery, Lot or Grave No. Section No.
 Funeral Services at St. Francis
 Time of Services, 9 A.M. Dec 9
 Date of Interment, Dec 9 1909

Diagram of
Burial Lot.

Put in the Diagram one mark like this
 for every Grave in it. And mark this
 Burial with double dagger thus: †

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

Casket or Coffin Number, <u>9110</u>	Candles, <u>6 lbs</u>
Size, <u>6/0</u> Made by <u>National</u>	Gloves, <u>6 Pk black</u>
Lining, <u>White</u>	Hearse to <u>St. Joseph's Cemetery</u>
Handles, <u>Elony & Sil</u>	Carriage for <u></u>
Plate, <u>"</u>	" " <u></u>
Outside Box, <u>Pine</u>	" " <u></u>
Burial robe, <u>Black Cash</u>	Carriages at Funeral, <u>7</u>
Preserving Body with <u>Mulleum</u>	Death Notices in <u>Waikiki</u>
Washing and Dressing, <u></u>	
Shaving, <u></u>	
Services, <u></u>	
Use of Chairs, <u></u>	Goods ordered by <u>Mrs Conlon</u>
Cemetery Fee, <u></u>	Bill charged to <u>"</u>

DR.

CR.

is.

this
this

